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ORIGINAL ARTICLES.

WHAT CONDITIONS INFLUENCE THE COURSE OF SYPHILIS?¹

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IN approaching this subject the first question which confronts us is, What is the syphilitic virus? Unfortunately we are not able at this time to answer this question in an absolutely scientific manner. Though our knowledge is very precise as to the *materies morbi* of diphtheria, tuberculosis, leprosy, and many other infectious diseases, we are as yet grouping in the dark as to the essential nature of the syphilitic poison. Coincidentally with the amplification and greater precision of our knowledge of acute and chronic infectious diseases, much light has been thrown upon the pathology of syphilis, but the knowledge comes to us indirectly by means of the study of the analogic evidence presented by acute and chronic infective processes. Thus, in diphtheria there is a demonstrable micro-organism which attacks the system in one spot, most commonly the throat, and produces fever, headache, malaise, neuralgia, paralysis, albuminuria, and general toxemia. The analogy between syphilis and diphtheria is very striking, but it lacks many features which are approximately supplied by such chronic infective processes as tuberculosis, which begins as a local infection, and produces marked cell changes resembling in a measure, those produced by syphilis and leprosy, the initial lesions of which we know nothing. Leprosy, in its chronic proliferative course, strikingly resembles syphilis. This analogic evidence—and much more could be offered—points strongly in the direction of syphilis being a disease originated by a virulent bacterium, and it seems singular that, when the initial lesion is so readily procurable for microscopic study, we have not yet the necessary knowledge or means of demonstrating the morbid element. However, I think it warrantable to assume that syphilis is a chronic infectious disease due to an as yet unrecognized microbic cause.

Though we know nothing of the syphilitic bacte-

rium, we fortunately are in possession of minute knowledge of the morbid anatomy of the initial lesion, and this teaches us much more than we formerly knew of the intimate processes of syphilitic infection. I will here briefly summarize the results of my studies,² in which I was aided by my friend Dr. Ira Van Gieson, and which I think are entirely trustworthy.

The initial lesion, from which the following facts were derived, was excised by me four days after its first appearance and eighteen days after the infecting coitus, consequently it presented the very earliest appearances of syphilitic infection which can be studied by means of the microscope. The chancre appeared as a minute red erosion, and consisted of a circumscribed mass of tissue resembling in structure ordinary granulation tissue, but under and beyond it, when examined microscopically, there was a very marked change in the condition of the blood-vessels. This change consisted in the distention of the perivascular spaces with small round cells. Nearly every vessel examined, both arteries and veins, was in this way enveloped by masses of small round cells, forming a sheath like a coat-sleeve around the arm. Besides this condition of the perivascular spaces there was a change in the endothelial cells lining the arteries and veins, which were swollen and seemed to be proliferating. In two or three places the process had gone on to such an extent as to produce thrombi of the medium-sized veins. Careful study showed that it was very probable that these perivascular cell-clusters were produced by the proliferation of the connective-tissue cells of the adventitia of the vessels or by the proliferation of the same cells, just exterior to the adventitia. The point deserving of attention, and it has been further demonstrated in the examination of chancres from other patients, is the extremely early and far-extending involvement of the blood-vessels. Although the primary sore was but of a few days' duration, very small, and under the microscope was of such limited and circumscribed extent, the blood-vessels were very extensively surrounded by cell investments at a considerable distance—fully an inch—from the ulcer. The microscope also showed how deep-rooted syphilis is at the very beginning of the sore, having extended along the perivascular lymph-spaces, and how futile it is,

¹ An address read at the Twenty-first Annual Meeting of the American Dermatological Association, Washington, D. C., May 6, 1897.

² *Medical Record*, July 4, 1891, and "The Pathology and Treatment of Venereal Diseases," pp. 528, et seq., 1895.

as experience has already shown, to attempt to abort it by excising the primary sore. Apparently, judging from the appearance of the vessels in this case, their involvement begins before the appearance of the sore. The microscopic analysis of this and other cases also shows how it is that the infection of syphilis travels from the primary sore and infects the body. The perivascular spaces are lymph-spaces which communicate ultimately with the inguinal glands, and the enlargement of these glands is undoubtedly due to the advancement of this cell proliferation along the perivascular spaces until it reaches them. The same process extends from the inguinal to other sets of glands or lymphatics.

The process of syphilitic infection, therefore, is one of constant growth and diffusion from the beginning. In the very first days of the existence of the chancre the poison is deeply rooted in the subcutaneous tissue; it is in a most active state and progresses along the course of the vessels until it reaches the body, and then infects the whole economy. In consequence it is very certain that excision of the chancre will not cause the abortion of the disease. Reasoning by analogy, we are warranted in assuming that this new, highly infectious, and rapidly growing tissue gives off, probably by means of its microbes, a poison which diffuses itself through the system. We have then in syphilitic infection two orders of morbid changes: (1) the heterologous new cells; (2) the diffusible poison.

In many diseases of microbic origin the severity of the attack depends upon the activity and the quantity of the virus inoculated or received. When the microbes are derived from active and exuberant lesions they usually produce an intense disease in vulnerable subjects, but when the virus is attenuated or when the microbes are in a weakly state (involution forms), then the resulting invasion is less severe. To these features offered by other infectious processes syphilis does not seem to present points of resemblance. In other words, we know nothing of the mildness or malignancy of the syphilitic virus, and extended clinical observations made by many authorities go to show that a virus which produces severe syphilis in one individual may only produce a mild form of the disease in another. Therefore, in syphilis it may be said without fear of contradiction that the potentiality of the poisonous dose is about the same whether it be derived from a severe case of syphilis, or from a mild one. I could offer the histories of many scores of cases in support of this statement, but will content myself with briefly narrating one. Many years ago I had under my care a very strong young man who had a small and insignificant chancrous erosion on the penis. This young man,

in whom the secondary stage was very mild, contaminated a rather anemic young woman who developed a well-defined vulvar chancre in which there was a slight tendency to sloughing. This patient was attacked by the malignant form of syphilis which resisted intelligent treatment and careful nursing, and she died six months after infection. While she was in a very debilitated state, just before the onset of the malignancy which terminated her life, she had connection with four young men and infected them all with syphilis. Three of these individuals had mild secondary syphilis, and in only one was the disease somewhat severe. In all four cases the initial lesion was small and not much indurated. My belief on this question is in accord with the opinions of many authorities. Clinical observation has also proved that the potency of the virus is about the same whether it be derived from the initial lesion, a secondary lesion, or the blood.

From the foregoing statement of facts it seems warrantable to conclude that there is a well-marked uniformity in the infectious quality of the virus no matter from whom it may be derived, and that this poison may produce in some subjects a mild and in others a severe form of syphilis. It, therefore, logically follows from what has been stated that the benignity or severity of syphilis is determined by the condition of the individual.

Clinical observation clearly shows that in some patients, owing to partial immunity, the syphilitic poison meets with such resistance on the part of the tissues that it makes but a slight impression, while in others a marked susceptibility to its action exists, and a more or less severe form of the disease is produced. It has been claimed that, from certain features observed in the chancre and during its course, we may draw prognostic points as to the mildness or severity of the subsequent course of the disease. It has been said that a small, slightly indurated chancre is usually followed by a mild attack of syphilis. This statement may apply to some cases but certainly not to the majority. It is not uncommon to see all grades of severe syphilis follow an insignificant initial lesion which might have undergone involution in ten days or two weeks, and have left little if any trace upon the part attacked. How common it is to see severe and extensive syphilitic lesions in persons who never knew they had a chancre, and in whom it must have been very small! The truth is that both mild and severe grades of syphilis may follow small initial lesions. It has also been claimed that large and deep primary lesions invariably lead to severe forms of infection, but this statement is only partially true. I have seen many cases of mild syphilis follow a very extensive chancre, and

have also seen instances in which two or three parts of the body were the seat of chancres (penis, lip, and finger, or penis and lip, or other part), and yet the course of the disease was not at all severe. Indurating edema may complicate a chancre (presumably as a barrier thrown out by Nature against the threatened invasion), and involve the whole penis and even the scrotum, or one or both labia, and then this great swelling may be regarded as indicative of severe syphilis. Such an assumption is a mistake, as I have had the opportunity of seeing in very many cases.

Ulceration, phagedena, and gangrene, attacking the initial lesion, have been claimed to be ominous signs of a severe attack of syphilis. Extended clinical observation shows that this assumption is not fully warranted. Destructive ulceration of any form or gangrene attacking the initial lesion is always the result of contamination with pyogenic microbes, usually caused by carelessness and uncleanness and also by intemperate cauterization, and they are to be regarded as disquieting accidents and not as indices of the malignancy of the initial lesion or as forecasting a severe attack of syphilis. In some cases of phagedena and ulceration of the initial lesion a temporary condition of ill health is produced, but careful treatment will soon remove this accidental complication. It is also claimed by some authors that extragenital chancres are the forerunners of severe syphilis. This view is certainly based on the observation of a few exceptional cases, and is not borne out by extended investigation. I have reached the conclusion (and it is in accord with that of Fournier, Feibes, Haslund, and others), from the statistics offered in seventy cases observed and recorded by me, that the course of syphilis averages about the same in cases beginning in genital or extragenital lesions. It not infrequently happens that the nature of an extragenital chancre is not recognized or that it runs its course unobserved by the patient. In such cases the resulting syphilis may not be treated, or it may be improperly treated, and then a degree of severity may result. This view of the malignity of extragenital chancres is in some instances, of which I have seen many, due to the hue and cry raised by infected medical men and nurses who, having innocently contracted the disease, take kindly to the mild form of martyrdom with its resulting sympathy from friends and acquaintances. They usually exaggerate their symptoms and give the impression that they are suffering from a severe form of syphilis.

Fortunately for the human race, syphilis in the great majority of cases is contracted by young men between twenty and forty years of age in whom the vital processes are active and whose health as a rule is good. Such patients are naturally capable of

withstanding attacks of various diseases, but some are more resistant than others. According to my observations it may be said that syphilis is much less severe to-day than it was thirty years ago. We no longer, not even in large syphilitic clinics, see so many cases of malignant, of severe, and of malignant precocious syphilis, nor do we meet with the more profound and grave tertiary lesions by any means as frequently as we did a quarter of a century ago. This diminution in the severity of the disease is largely due to our improved methods of treatment, to better sanitary and nutritive conditions, and to the greater attention which is paid to cleanliness and antisepsis. But further than this, there undoubtedly exists to-day in the tissues of many individuals a greater resistance to syphilitic infection than was possessed years ago. In other words, in many people a moderate condition of immunity against syphilis exists, which is due to the changes in the tissues and perhaps in the blood induced by syphilis in their more or less remote ancestors.

We are now in the position to study the course of syphilis in healthy subjects and to consider the influence of other diseases and of unsanitary conditions upon it. In a general way it may be stated that the larger number of persons who contract syphilis are those who are in average good health and have not grown old. In a smaller number the standard of health is less high, and in many patients certain morbid conditions exist which are due either to disease or bad habits, and which lower their power of resistance. Extended clinical observation shows very clearly that syphilis when untreated by mercurials runs a somewhat uniform course. Following the chancre, in due time the secondary cutaneous and mucous-membrane manifestations appear, and remain for a short or long period, and then they seemingly undergo resolution. Next a more advanced form of lesions, such as large papules or papulotubercles, are observed, and these may in time wither, and later on—in months or years—true tertiary lesions may develop. The tendency of syphilis, luckily for mankind, is to expend its force on the superficies of the body, and it seems very probable, particularly in healthy subjects, that the lesions of the deeper parts are, in the main, due to various determining causes, such as traumatism (bones, joints, tendons, and fasciæ), antecedent pathologic processes (liver, spleen, kidneys, intestines, and testes), and to a neuropathic tendency (cerebrospinal affections). When any of the above-mentioned causes exist in untreated syphilis, the grave order of lesions may follow or coexist with the more superficial ones. Some of these mild cases, in persons previously healthy, sooner or later become grave,

and even malignant, but in general the gravity or malignancy of syphilis is due to some inherent defect in the constitution of the patient, to some diseased condition, or to a lowered state of health due to privation or bad habits.

The pathology of early syphilis is revealed to us in the cell-infiltrations constituting the essential lesions which are distributed in a symmetrical manner over the whole body. With the evolution of this new growth a diffusible poison is developed which is carried throughout the entire system and gives rise to the various phenomena (fever, debility, emaciation, headaches, neuralgias, arthralgias, periosteal pains, splenic engorgement, and sometimes pleuritis). With the destruction of the newly formed cells by treatment the tangible lesions undergo involution and disappear, and in proportion to the completeness of their cure so does the poison secreted by them grow less and less in potency and quantity. When a perfect cure does not take place, some of these morbid cells remain (in all probability in little masses around the blood-vessels, and not stored in the ganglia), but as they grow old they lose their vitality and increase slowly, and, having lost much of their virulency, produce very little, if any, of the diffusible poison. This is what takes place in tertiary syphilis, in which the new growths are indolent, aphlegmasic, and show a marked tendency to localization and to asymmetrical distribution. The gumma is the direct and feeble descendant of the virulent round-cell infiltration of the secondary stage of syphilis. Such, in brief, is the nature and extent of the syphilitic invasion, which, if unchecked, goes on more or less rapidly to produce tissue-change, to lower the standard of vitality, to attack organs whose integrity is essential to life and happiness, and to produce serious conditions, and even death.

(To be continued.)

A CONTRIBUTION TO THE SYMPTOMATOLOGY OF HAY-FEVER.

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THE symptoms of so-called "hay-fever," a disorder more graphically designated by Sajous as hyperesthetic rhinitis, and by others as vasomotor rhinitis, have been so often and so fully described that they have become familiar and are easily recognized. Amid the diversity of manifestations, certain underlying systemic conditions may be said to prevail. One of the latter, connected with the nervous system, has not been dwelt upon, if indeed, ever pointedly mentioned by the writers upon this subject, who have been, on the whole, so indefatigable in their observations. I allude to a certain tonic

spastic condition which, although slight in character, is general, rather than confined to limited areas, and in large measure accounts for many symptoms of the disease. It is not intended here to inquire into its cause, but it may be remarked that a central nervous irritation is probably caused by the presence of disturbing elements in the blood, presumably products of faulty or imperfect metabolism, which should have been eliminated from the system. Thus, may originate nerve currents with innumerable reflexes, which, in the disturbed equilibrium of the system are, in a measure, uncontrolled by the ordinary inhibition. In this manner the hyperesthetic condition of the mucous membrane of the nose, the fauces, and the palate may be accounted for. Indeed, the general cutaneous surface becomes sensitive, and its functions disturbed. Doubtless the mucous membranes are likewise affected. Patients with this disease experience during exacerbations a feeling of nervousness, a general state of tension, restlessness, and discomfort, and mental and physical excitation, with alternating periods of consequent depression, and an inability to command placidity or self-control. It is as if the vasomotor mechanism, by overaction, disturbed the free performance of function, so that nutrition and elimination throughout the body are interfered with.

The tonic spasm persists for a time, gives way, and is succeeded by an opposite condition of relaxation. A fit of sneezing or other slight cause may bring this about. Then secretions are unlocked and there is an excessive discharge from the nose, eyes, etc., possibly looseness of the bowels following constipation, excessive bronchial secretions subsequent to a dry and irritated condition of the membrane, perspiration uninduced by exertion after a period characterized by a dry, feverish skin. Probably all the involuntary muscles of the body reflect more or less the nerve disturbance, and doubtless other manifestations in the way of symptoms might be recorded. One of interest relating to the muscles of accommodation of the eye the writer has observed in his own case.

About six years ago, owing to a presbyopic condition, it was necessary to adopt during reading a +0.50 D. spheric lens, and at the same time to correct a moderate astigmatism which had been previously overcome by the power of the eye, and the existence of which had until then been unknown. A lens was worn constantly for near work, and was generally satisfactory except during an attack of hay-fever, when it seemed to augment the symptoms, and, indeed, was so objectionable as to cause annoyances relieved only by dispensing entirely with its use. During several attacks the usual daily near use of the

eyes was more comfortably accomplished without artificial aid than with it. During the last two periods the eyes accepted the cylinder correcting the astigmatism, but did their work better without the spheric lens.

If we suppose that in this case the presbyopia was relatively more dependent upon an asthenic condition of the ciliary muscle than upon an inelasticity of the lens, the increased vigor of the muscle at the particular periods may be attributed to the general exalted condition of the nervous system attendant upon hay-fever through the tonic spastic condition above mentioned. The writer has not heard of other similar cases, although doubtless there are such. It is a matter of common observation that the muscle of accommodation may sometimes manifest more strength of action when the general health is unusually vigorous, but in the case described, its increased vigor is manifested at a time when the systemic condition is rather one of depression.

THE ABUSE OF MEDICAL CHARITY.¹

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IN presenting this subject it has been my object to place before you a critical review of the recent literature, rather than to present merely individual views. To the sociologist there is at the present time no subject of greater interest or one more worthy of careful consideration and study than medical charity; or, rather, of its abuse, as it exists to-day, and the remedy which must be applied for its correction, so that the greatest possible good may be accomplished with the least harm to those who receive, as well as to those who give. It is only necessary to call attention to a few facts to demonstrate conclusively that, as at present administered, medical charity is demoralizing to both recipient and donor, and that the charity mentioned in the Good Book has been disregarded during the last quarter of the century now rapidly drawing to a close.

It was recently stated in an editorial in a leading medical journal that a person asserting that one-third or one-half of the inhabitants of this city are paupers would be deemed a person of unsound mind; yet it has been said by Dr. Stephen Smith, in a report to the State Board of Charity, that during 1895, 837,971 persons applied for, and received free medical treatment at 105 dispensaries in this city, and that during the same period 1,418,847 free visits were made to these dispensaries; also, that during the same year 78,000 persons received free medical and

surgical treatment, including free board, lodging, nursing, drugs, surgical dressings and appliances, making a grand total of 915,971 persons who claimed during one year to be unable to take care of themselves, out of a total of 1,870,000, or something more than 49 per cent. of all who live within our borders. Dr. Smith has also been credited with the statement that during the period from 1791, when the first dispensary was established in New York, to about 1870, the applicants for medical charity bore a ratio to the total population of only 1.5 per cent., against the present ratio of 49.7 per cent. Surely these figures are alarming, if correct, and, from the well-known reputation of their compiler for care and accuracy, there is no ground on which to question them. It is a significant fact that about the time when this increased ratio began to be manifest was the period which witnessed the establishment of the so-called provident dispensary, both in this city and London. Again, when we consider the amount of money expended in this city during one year for charitable purposes, it seems certain that something is wrong; either a larger number of the people are unable to help themselves than should be the case, or the public and private money contributed for this purpose is sadly wasted.

The *New York Herald* of June 6, 1897, contained an editorial, in the course of which was said:

It is wholly within the mark to say that Greater New York spends \$50,000,000 every year on charities. The figure is stupendous, and the statement seems incredible, but a very little study, not of results, but of official reports, will fully justify both the one and the other. In round numbers New York proper, that is, the lesser New York, devotes in the neighborhood of \$2,225,000 to its own reformatories and charitable institutions. In addition to this it appropriates nearly another \$2,000,000 to the independent asylums, hospitals, reformatories, and other aid societies. This makes the total of \$4,000,000 to begin with. To this may be added another \$2,000,000, devoted to the same uses by other municipalities now comprised in Greater New York. This \$6,000,000 is only a mere fraction of the whole. There are within the boundaries of Greater New York over 3000 institutions devoted to the help of those who cannot help themselves. Of these, but very few receive and disburse less than \$1000; the disbursements of many run far into the hundreds of thousands.

The recent action of the County Medical Society with reference to the free dispensaries and the frequent hospital abuses throws some light on the mystery as to where all the money goes. It shows very clearly that in this feature of charity administration money that is intended for the poor goes, in a surprising number of instances, to people who are not poor—to people even who comparatively are rich. The public dispensary, in other words, and the public hospital, where some generous philanthropist has provided for the essentially poor free medicines and free medical attendance, are either so loosely or unwisely conducted that they are working in the community a sort of social revolution. It is getting to be no longer medical attendance and medicines free for the poor, but

¹ Read at the Fourteenth Annual Meeting of the New York State Medical Association, held at New York, October 12, 13, and 14, 1897.

free for all. If the poor can crowd into the throng of well-dressed men and women who ride up in their carriages, there is no objection to their being served. Millions upon millions of dollars have been given by benevolent New Yorkers in endowments and appliances for the free treatment of the ailments of the poor. It is conservatively estimated that fully fifty per cent. of the people who take advantage of this generosity are people whose financial position puts them wholly beyond the scope of the charity; in other words, that fifty per cent. of the donor's money is diverted from the purpose for which he intended it, and practically filched from the poor to whom it rightfully belongs. Inasmuch as a very large percentage of the sums of money which New Yorkers give in charity every year is devoted to the care of the sick, afflicted, and injured, it is obvious that these inroads of the well-to-do on the money provided for the poor alone account for a very large share of the failure with which New York's charitable efforts are met. The thousands of dollars in drugs, time, and attention bestowed by physicians upon people who have no claim whatever upon either would probably suffice to care for all the really legitimate cases of sickness and poverty in the city. If anything like a corresponding waste and misapplication of funds exists in the various other channels in which New York empties her fifty millions of dollars of gifts every year, it is not difficult to understand how so many of the helpless remain uncared for, while they starve in the midst of plenty.

The figures already quoted would seem to show that in the last twenty-seven years the ratio of those unable to care for themselves out of our entire population, has increased by 47.5 per cent., and that it is only a question of time, if this state of affairs continues, before the great majority of the inhabitants of this metropolis will demand (for what is received as a gift to-day will be regarded as a right to-morrow) not only free medical service, but free food, free fuel, free clothing, and free lodging. As has been well said, are not all these things as requisite to promote comfort and prevent suffering as medical services? A socialistic state will be reached, bordering upon anarchy. That this condition of affairs is not confined to our own locality is proven by recent reports of investigations, published in both the medical and lay press, to the effect that about 25 per cent. of the population of all large cities, both in this country and Europe, are at the present time receiving free treatment from institutions originally designed to serve the poor.

Some of the facts which have been rehearsed were presented last January to the New York County Medical Society in the inaugural address of the President, Dr. Landon Carter Gray, and, as a result, committees were appointed by the county society for the purpose of investigating the manner in which medical charities, but more especially the dispensaries, of this city are administered. A joint committee resulted. The whole matter was carefully investigated, and it was readily demonstrated that greater abuses existed than had been considered pos-

sible. It was found that little or no effort is being made to discriminate between the unworthy and the worthy, and that practically all comers are welcome and receive treatment regardless of financial condition at nearly all of the 116 dispensaries located in this city.

Dr. J. B. Huber, in an able paper on "The Abuse of Medical Charity," recently read before the Alumni Society of the City Hospital, graphically describes the clientele of some of these so-called charitable institutions. He says:

True, he will find there the worthy poor, the worthy object of charity, but he will find there also, in at least equal number, quite another sort of patient; he will find the actor, the opera-singer, the gambler and bartender, and hobnobbing amicably with these, the policeman and the clerk, and the young man who earns a respectable salary; he will find the farmer from out of town, the man who owns houses, and the prosperous business man; he may find there the broker, the lawyer, the journalist, the bicycle girl, the man who wants to know if his disease will interfere with horseback riding, and the lady who has left her barouche around the corner; and he may even run across a stray railway president. Besides these he will find there those who, at considerable preliminary expense, exhibit upon their faces the penalties which Venus inflicts upon her too ardent devotees, and he may find there also the demi-mondaine, with the rich backer who, it is rational to infer, receives as much money in a night as many a medical man in the city earns in a month in the practice of his profession. This does not by any means exhaust the list.

Again, Dr. George F. Shrady, in the course of an elaborate and instructive article, entitled "A Propagator of Pauperism: The Dispensary," published in *The Forum* for June, describes the scene which may be witnessed daily at the institution to which he has given the sobriquet of "the diamond dispensary." He says:

The reception-room held about two hundred at a time; nobody was turned away; fully 50 per cent. of the applicants were well dressed, and 10 per cent. were finely dressed. Three women wore fur coats that had not been handed down from somebody else. There was an attractive display of fine millinery, and the men, more than half of them, bore no evidences of poverty. But all obtained free treatment supposed to be given to paupers—poor persons. Such instances as the following carry with them their own moral. During the examination of a dispensary patient a roll of bills dropped from her pocket, and the doctor picked it up and remarked: "Madam, this is a free dispensary, and as you are able to pay a fee for medical advice I must decline to treat you here." "Well," replied the woman, "that money is for something else; you are paid by the city and must prescribe for me." On being assured that the doctor received no salary from any source, the patient became indignant, and protested that she was entitled to attention equally with the lady who had preceded her, and from whom she had rented her house a week before.

The *New York Herald* of June 19, 1897, in the course of an article describing the visit of a reporter to a well-known clinic, said:

It was stated at the clinic that during the hours named the number of patients was sometimes as large as five hundred, and that the attendance yesterday was up to the average. There was certainly a continuous stream of men, women, and children coming in, and, at a rough and conservative estimate, the total must have been very nearly four hundred. No one was seen to arrive in a carriage, nor was any finely dressed man or sumptuously attired woman observed in the crowd, but, on the other hand, those whose dress and appearance denoted an extreme degree of poverty were certainly in a very large minority. The common unsophisticated idea of a dispensary patient probably is a person who, if he is not a pauper is next door to one, a person whose earnings suffice at most to do no more than keep a poor shelter over his head, a poor covering upon his back, and enough poor food in his body to prolong life—in other words, a person actually so destitute that medical attendance and medicines must be given to him outright, or for the merest pittance, or he must go without them. This may not be a correct definition of a legitimate dispensary patient. If it is, it is difficult to resist the conclusion that not more than one in twenty-five—the pen is tempted to write, one in fifty—of the applicants treated at the ——— clinic yesterday afternoon was a legitimate patient; not more than one in fifty was at all shabbily dressed; a large majority were fairly well dressed; one-third of them, it would be safe to say, were quite presentably dressed; a few, perhaps as many as one-fifth, dressed positively well. Much the greater number of the patients were women.

The following are a few instances out of many of the abuses which have come under the writer's personal observation: A number of years ago, while serving as district physician to an uptown dispensary, he was called to see a baby who was too ill to be brought to the institution. Upon reaching the abode of the little patient's parents, he was surprised to find evidences of prosperity rather than of adversity, and as he entered the door a well dressed man walked out. On being questioned, the mother said that the man was her husband; that he had plenty of work and good pay, and that the reason she had sent to the dispensary for a doctor was because every other inmate of the house had a physician for nothing whenever they cared for one, and she thought there was no reason why she should send for a pay doctor.

More recently, the case of a man came to my notice who lives in one of the largest and finest apartment-houses on the west side of the city not far from Central Park, and who pays several thousand dollars a year for rent, and who expends many thousands for living expenses. Requiring some special advice, instead of going to the office of the specialist he wished to consult, he went to his clinic at "the diamond dispensary," saying to his wife that he could not afford to pay a fee to the doctor as his expenses were too heavy.

Another instance was that of a wealthy and prosperous manufacturer, who lives in a thriving town not more than a hundred miles away, who, having

some nasal difficulty, wished to consult a specialist at his office, but did not desire to pay the doctor's usual fee. He, therefore, borrowed some clothes from one of his employees, and presented himself at the doctor's office. When admitted to the physician's presence, he regaled him with an account of the difficulty of earning a living and supporting a family. After examination, it was decided that an operation would be necessary before the patient could experience relief. On account of assertions as to limited means, a very small fee was asked for the operation, but when it was named the patient said that he could not possibly pay it, but could pay half the amount. This was accepted, and the operation performed. The patient experienced relief from his difficulty, and has since frequently narrated this story as a good joke, and as showing the limited business knowledge and acumen of physicians. The moral turpitude involved in his action was entirely overlooked.

In an article, entitled "From Him That Hath Not; or, How the Rich Rob the Poor by Getting Medicine and Treatment at Charity Dispensaries," by Winnifred Black, in the *New York Journal* of July 11, 1897, it was stated:

I saw well-dressed and well-fed women coming and crowding the wretched suffering of poverty from the door. The same observer, upon asking one of the well-dressed women why she frequented a place intended only for the relief of poor persons, received this reply: "If other people get medicines for nothing, I guess I can." Another reply to a similar question addressed to a prosperous looking girl, was: "Spend money for doctors when I can buy ribbons with it? Well, I guess not!" And again, a smart, prosperous business woman's answer as to why she came for free treatment, was: "Aint I a widow with a child to support?"

It would seem to be needless to multiply illustrations of what is daily occurring, for the instances quoted certainly show the spirit in which charity is asked and accepted; it is largely a desire to save money without apparently thinking that self-respect is lost in the effort, or that a wrong is done to the really poor, and to the physician who is certainly as much entitled to his hire as the clergyman or other members of the community, as he too has social obligations to fulfil.

Dr. Schweck, in the *Philadelphia Press* of June 11, 1897, in the course of a paper, entitled "The Dispensary and the Abuse of the Poor," says:

The woman who makes shirts for a dollar a dozen, the girl who stands behind a counter for four dollars a week, and the scrub-woman with others dependent upon her, who gets a dollar a day, all constitute our worthy poor. They have themselves and others to board and clothe; their time is worth more to them than that of the most successful business men. These are the people that are eligible for dispensary service, and should have the very best that can be given them. Here, to this place of charity, comes also

another class, a distinct class, the moral and lineal descendant of the ghouls, that follow in the wake of an army and rob the fallen soldiers; it is a class of people who constitute the vanishing point in the perspective of human affairs; they have money, but that is all. People of means who go to charity dispensaries and receive treatment free of charge, representing themselves to be too poor to pay for medical services, commit a criminal act; for they obtain what they are not entitled to, and do it under false pretenses.

Referring to the abuses of medical charity in other cities, the *New York Times* of August 16, 1897, says:

Hospital abuses in Chicago must have reached a point calculated to astonish even those New York doctors who have been so vigorous and persistent of late in denouncing similar wrongs that exist here. From a single Chicago hospital 245 undeserving recipients of charity have just been rejected; some because there was little or nothing the matter with them excepting a yearning for free food and lodging, and the rest because they could well afford to pay for the services of the private physician. The patients of the latter class are numerous enough here, but, as far as known, New York hospitals have not as yet become the resort for tramps to the extent to justify their name by tramping.

It is the writer's belief, founded upon his experience in the local hospitals, that a careful investigation of the inmates would reveal a similar condition of affairs here, if not a worse one.

In the *New York Times* of October 12, 1897, Superintendent Bauer of the Department of Public Charities of this city is credited with having reported to the Board a saving of \$1,313,471 in fifteen months as a result of investigations into the claims of the inmates of the various private charitable institutions receiving city aid. The bills of the institutions referred to showed that 26,561 persons were being supported, and the investigation demonstrated that 13,285 of these were unworthy objects of charity.

An instance cited by a commissioner as evidence of the necessity of making a careful inquiry into the claims of applicants for relief was that of a boy whose name had been carried for seven years on the books of an institution as a city charge, and \$104 collected annually from the city for his support; whereas he had in reality been living on a farm during this period of time.

The *Lowell* (Massachusetts) *Mail* of September 23, 1897, referring to the same subject, said:

Boston is having trouble with abuses of free dispensaries, as New York and other large cities have had for some time. So many rich patients go to the dispensaries that the poor, who really need them, are crowded out, and the struggling practitioners, who really need rich patients, are crowded out too. Stories have been told of people driving in carriages to the doors of the dispensaries to receive treatment gratis, all of which goes to prove what has often been stated, that those who are willing to ask for charity are not generally those who need charity the most.

The latest form of dispensary abuse has recently been reported in the *Medical Record*, which says:

A report comes to us, as we are about to go to press (as the country weekly puts it) to the effect that a physician has been dismissed from one of the most fashionable dispensaries in a neighboring city—of course, it could not occur in New York—for abstracting a 50-dollar bank-note from the purse of a patient. The pocketbook was left upon the dispensary desk while the lady entered the adjoining room to prepare for examination. The plea made to the governing board by the physician was, that he had been overworked, having treated over four hundred patients in the dispensary for the three days preceding the temptation which caused his fall, and during this time he had been unable to procure but one full meal. Hunger, and the means at hand to satisfy it, may have proven too strong a combination for his over-wrought nerves. This naturally did not weigh with the board. The clientele of the institution must be made to feel that while the patron is undergoing treatment his valuables are safe. The argument was used by one of the governors that, if the patients' money is to be taken from them they might as well go to a physician's office and be done with it. The crime of robbing a dispensary patient cannot be too severely punished, as such acts will deter many patients of wealth from patronizing these institutions. It is, therefore, most fitting that the culprit in the present instance will be forced to take his chances for the future in private practice.

It is a well-known fact that ever since the world began man has been seeking to obtain something for nothing, or without effort; and it is equally agreed that this is an immoral desire, and ends in disaster to those who indulge and practise it, as well as to those who aid and abet. From the evidence already adduced it cannot fail to be seen what an injurious work the so-called indiscriminate medical charity is doing, and that its tendency is to corrupt individuals and pauperize whole communities. The receiving of free treatment by those who are able to pay actually robs the poor, as only a limited number of persons can receive proper attention.

Dr. G. M. Roe, Medical Superintendent of the Boston City Hospital, in a communication to the *Boston Herald* of June 12, 1897, said:

It is a generally accepted fact among people who have had large experience in doing charitable work, that the first thing a man or woman will accept as charity is medical attendance. They will accept the free services of a doctor when you could not prevail upon them to accept rent or fuel, or anything of the kind, as a gift. The acceptance of gratuitous medical attendance is the first step towards pauperism. There is already a tendency towards what is generally known as "nationalism," a belief among the common people that the city and the State owe them a living, and that medical attendance, among other things, should be furnished by common taxation, regardless of the financial standing as individuals.

Dr. J. J. Stevenson, in the course of a communication on this subject to the *Mail and Express* of May 20, 1897, says:

One cannot shut his eyes to the terrible injury done to the poorer people by this perversion of trust. If food be

abundant and obtained without labor, it is wasted; if money be obtained without labor, it is wasted; "easy come and easy go" applies in both cases, and equally so to health. If recovery from disease be secured at the expense of self-denial, the memory of the cost will lead, in ordinary cases, to care, that recurrence of disease and attendant expenses may be prevented. But if the careless feel that treatment, medicine, and even diet may be had simply for the asking, there can be no reason for resisting the natural tendency to neglect the laws of health. The indiscriminate medical charity is but one phase of the morbid philanthropy which seeks to be doing something which appears to be good—a philanthropy which has done much to degrade man; it has done much to increase the dissatisfied class, and has been the efficient ally of the social agitator. The thoughtless charity of 1873 did much to give America the tramp; that of 1883 increased the horde; that of 1893 and 1894, in this city, converted great numbers of worthy families into mere receivers of alms, who soon lost self-respect and turned upon their benefactors with bitter reflections upon the charity that could provide such food and such clothes. Discontent no longer mutters, but speaks so boldly that the politicians are dismayed while the demagogues exult. The rights of ownership to property are denied because a *proletariat* exists. We are told again and again that the rich have acknowledged themselves as responsible for the wretchedness of the poor, having provided food and clothes in time of need, having established hospitals, dispensaries, and diet-kitchens for the sick, and distribution having been made in great part without careful inquiry as to the absolute need, and not requiring anything in return. It is not surprising that the reckless poor see in such careless giving an acknowledgment of the unequal distribution of wealth, and believe that it is founded on injustice; nor is it strange that the anarchist's cry is not for opportunity to earn by labor, but for such distribution of wealth as may enable all to enjoy the luxury of idleness.

Another physician, writing on this same subject in the *New York Evening Post*, said:

And there is another side to the story also. The free dispensaries, which are such worthy charities in theory have, through several causes, become dangerous menaces, not only to us, but to society in general; they absolutely encourage begging and dependence on charity. People who can well afford to pay for their treatment, and for medicines, have become so hardened that they will stand in line to receive their drugs for nothing; they will be indignant if it is suggested to them that doctors cannot afford to give them aid for nothing any more than any other class of men. It seems to them that we are employed by the city to help them, and in many cases they are not even grateful. Think of a dry-goods man who would be compelled to open his doors to a trade, and devote sometimes a day to dispensing his goods to them—even if the goods were paid for, his time would be lost. Where is the justice in making a distinction between the doctor and the merchant?

Dr. Douglas Hunt Stewart, who has made a careful study of the subject of dispensary abuses, in the course of a communication to the *New York Tribune*, says:

The financiering of many medical charities gives the impression that it is proper for a citizen to receive something for nothing. This is the teaching of socialism, which the "*Tribune*" has always opposed, and it is the code of the counterfeiter. The question of right does not enter into

the matter at all. Legally, no man has a right to steal a loaf of bread to feed his starving family; there may be mitigating circumstances, but the law brands such an act as theft. Is he any less guilty who steals a physician's services under vague pretenses? The only man who claims the right to receive alms is the highwayman, who puts a pistol to your head, and exclaims: "Your money or your life." Another class of recipients of charity may be compared to the street beggar who simply asks for money, and trusts to effrontery and persistence to obtain it. The third class would be the deserving poor whom everyone wishes to help, but who are too timid or too proud to avail themselves of the aid provided. This last class the dispensary often treats with scant courtesy, and deprives them of time and services necessary for the relief of their ills. It may be as hard for the worthy to raise the 10 or 20 cents demanded as for the moneyed pauper to raise as many dollars, yet the latter is the persistent seeker for free treatment to the detriment of those for whom the dispensaries were founded.

Again, in the course of an editorial in the *Evening Sun* for May 26, 1897, entitled "The Physician and the Dispensary," it was said:

Leaving the physician and the fee out of the question, surely it is right that the medical attention offered the needy should not be claimed by others. Many of the hospitals and dispensaries intended for the relief of the poor are supported by public money and private gifts which should not be devoted to those who can pay for medical advice. To permit knowingly such an abuse is entirely indefensible, and is in the nature of a breach of trust. It is besides an encouragement to fraud, and an incitement to that system of getting something for nothing, which may be termed "dead-beatism," and, therefore, it is immoral. The most extreme form of socialism when compared with the use of free hospitals by the well-to-do is laudable and commendable.

From what has gone before, it appears that not only is medical charity abused in all large cities, but this abuse is encouraged by loose and careless methods, if not from worse motives. The writer has been frequently told by physicians connected with dispensaries that they were well aware of the fact that well-to-do persons applied for free treatment, and that they were not sent away because it was known if they were turned off they would go to a rival concern and receive the desired treatment there. Consequently, other things being equal, they preferred to have as good a class of patients as possible. We have seen, as Dr. Colton has said, "that some patients are compelled to apply from a desire to save money at the expense of self-respect; others while paying for the treatment of ordinary diseases think that they cannot afford the fees of specialists; while another class is made up of persons sent to hospitals by physicians who do not care to operate; and a fourth class consists of taxpayers who imagine that they have a right to resort to institutions which they help to sustain."

There can also be no reasonable doubt that we physicians, as well as the managers of dispensaries,

are responsible in many ways for the existence of the present lamentable conditions.

In the writer's opinion, the first step which should be taken toward remedying the existing abuse should be an effort to educate the laity to believe that medical professional services have a pecuniary value, and that it is morally wrong for those able to pay even a moderate fee to try to get these services for nothing.

It would be a great aid in this direction if physicians connected with charitable institutions, in whatever capacity, were paid for their services. There certainly appears to be good reason why they should, and none why they should not be compensated. In this connection I will quote the following extract which appeared some time since in the "*Evening Post*:"

There is no more reason why the medical services rendered by the house-staff should go unpaid than there would be for trying to get for nothing nurses, attendants, rent, coal, milk, drugs and druggists, clerks and superintendents. The laborer is worthy of his hire, and if a thing is worth having, it is worth paying for. The physicians of this city are subjected to as deleterious a sweating system as any body of East-side tailors.

It has come to the writer's notice a number of times within the last few years, that members of the house-staff of the hospital, of whose visiting staff he is a member, though bright and well-educated young men who have secured their positions by reason of passing successfully a competitive examination, have been obliged to resign because they were only supplied with board and lodging for six months out of the eighteen months which the service calls for—they being unable to provide for themselves. There is certainly something wrong with a system which makes such sacrifices necessary, especially where a man is required to be constantly employed in the city's interests from 9 A.M. to 5 P.M.

A law should be enacted similar to that introduced by the joint committee already referred to, and which was passed unanimously by both houses of the legislature on April 14, 1897, but which failed to receive the signature of the Executive. This bill would have placed all institutions which dispense medical charity in this State under the direct care and supervision of the State Board of Charities, and, through them, of the local boards. These local boards should investigate the financial condition of all applicants. Of course, emergency cases should be treated first and investigated afterward. In speaking of this bill in its editorial column on May 26, 1897, the *Evening Sun* said:

With regard to the physician's attitude toward the abuse which the County Medical and other societies are fighting, some consideration is due him. Much of his labor and time are given gratuitously. Some of his patients are never able to pay him, and he does not press

them for payment, in which respect he is unlike the lawyer, who seldom fails to get his own. Others of his patients, it may be added, refrain from paying him so long as payment can be deferred, or even defraud him. Public opinion will, therefore, support the physician in his contention that the well-to-do patients of free hospitals are morally bound to go to him for advice.

In speaking of the investigation of the applicant for medical charity, the *Boston Herald* of June 12, 1897, said:

In Boston at present the instances of the abuse of medical charity appear to be far fewer than in New York or London, but it is none the less a fact that in this city, as elsewhere, there is reason for reform. This, it has been suggested, may be accomplished by two methods—popular education and more stringent regulation for the admission of applicants for hospital and dispensary treatment. If the people are more fully informed as to the investigation which each case receives before admission to the hospital, and if that investigation always involve something more than the mere statement of the patient that he or she is unable to pay, there would probably be fewer applicants for free treatment, and the private practice of physicians would be increased. Not long ago a man was operated upon gratuitously in one of the city hospitals, and was cared for also without charge in a ward for several weeks after the operation. He had declared his inability to pay for his treatment. The doctor who attended him realized the seriousness of the case and devoted all his energy and skill, as well as a great part of his time, in effecting the cure. About a week after the patient was discharged the doctor received a letter of thanks from him, and an invitation to visit him in New Hampshire and enjoy a few days of woodcock shooting. The writer enclosed a photograph of his home, which the camera depicted as a finely kept country house with a large stable in the rear. The lawn was ample and closely trimmed, and in the foreground of the picture several handsome horses were being held by stable-boys. The doctor did not accept the invitation, but he keeps the picture where he can see it, as a constant reminder that "all things are not as they seem." In this case cream masqueraded as skimmed milk.

Dr. F. T. Roger of Providence, R. I., in a practical and instructive paper before the American Academy of Medicine at Philadelphia, on "The Results of a Year's Experience in Endeavoring to Lessen the Dispensary Abuse in the Rhode Island Hospital," said:

The method adopted was to prominently display at the entrance of the dispensary a large placard stating that the services of the dispensary were given only to such patients as were too poor to pay, and that no others would be treated. There was the same statement on the case-card given the patient, and as a presentation of the card was an essential for admission, this fact was forcibly impressed upon all applicants for gratuitous service. Exceptions were made to this rule in emergency cases, such as recent accidents, cases of sudden illness, and cases in which a doubt existed as to ability to pay, and where delay in treatment would work hardship; and to the ignorant foreign classes who could not understand hospital rules. The plan has been successful, and during the year 1932 applicants were rejected, thus weeding out forty-one per cent. of unworthy applicants. The receipts of the hospital have been the same, and it is unfair to conclude that

the hospital is in any sense poorer; it has done less work, and has done quite as much in relieving suffering among the deserving poor. Those who failed to come, having a real ailment, must have consulted a physician, and presumably paid for his services."

The above plan was also advocated by Dr. Emma B. Culbertson, in a recently published article in the *Bulletin of the American Academy of Medicine*:

It should be a misdemeanor, punishable by a fine, for any one to receive free medical or surgical treatment by reason of false representation as to their financial condition, and applicants should be required to sign a printed slip declaring their inability to pay. By so doing, if they prove upon investigation to be amply able to pay for what they have received "they have thus incriminated themselves by declaring over their signatures that they have obtained by false pretense that to which they were not entitled."

Charitable institutions should not be allowed to charge nominal sums for medical and surgical treatment, nor should they make any charge for medicines or appliances, as such charges seem to ease the public conscience and make the individual believe that he is paying his way, and, therefore, has a right to go. It has recently come to the writer's knowledge that a lady, living in a large and fashionable apartment-house, visited a dispensary located near Fifth avenue, and where a charge of a dollar a month is made. Upon being taken to task by a friend for having visited a place intended for poor persons, the lady replied that needing a specialist, and not knowing where to procure one, she had visited that dispensary and had paid all that she was asked; and that if the fee had been twenty dollars instead of a dollar, she would have willingly paid it.

Dr. Douglas H. Stewart, in a letter to the *New York Tribune*, dated June 2, 1897, on the subject of the misuse of trust funds involved in present methods of management, says:

We desire to see that money left to institutions by will for specific purposes is applied in accordance with the intention of the donors. We believe that the bill endorsed by the medical societies and favored by the State Board of Charities, was a move in the right direction to do away with very great abuse and injustice to the over-burdened taxpayer and the needy poor, and that it should have received the approbation and assent of the governor. The State Board is not the representative of the medical profession alone, but of every person, be he donor or receiver of alms; it is the accredited and legitimate guardian of funds now squandered through unreasoning sentiment for the exploited and uninvestigated needs of the so-called poor.

Summary.—(1) That medical charity, as at present administered, is an unqualified evil, and is seriously menacing our existing social conditions; (2) that the application for free treatment of those able to pay the physician a moderate fee for his services robs the poor; (3) that all medical charitable institutions should be under the direction and control of State and local boards of charities, who should have the power to enforce their rules; (4) that all applicants for medical charity should be investigated by local charity boards, and the unworthy excluded;

(5) that no medical charitable institution should be allowed to charge nominal sums for medical or surgical service, nor should they be allowed to charge for medicines or appliances; (6) that *all physicians* connected with charitable institutions should be paid for the service which they render; (7) that it should be made a misdemeanor, punishable by fine, for any person to receive free medical treatment by reason of false representations as to financial condition; (8) that the financiering of many medical charitable institutions involves as at present conducted a breach of trust; (9) that no State or city aid should be granted to private medical charities.

AN ADDRESS.

THE CAUSES OF A DECLINE IN THE AVERAGE INCOME OF GENERAL PRACTITIONERS OF MEDICINE.¹

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THE attention of the medical profession of late has been somewhat anxiously directed toward a conceded lessening of its pecuniary returns. There seems sufficient reason for believing that the average income of medical men has been seriously diminished. It is true that at the present time a certain number of specialists, surgeons, and consulting physicians in large cities receive even extravagant compensation, but a majority of the members of the profession who compose its rank and file, the family physicians and general practitioners, have suffered a grievous pecuniary loss. This loss has been especially felt in this city, and the profound impression it has produced is demonstrated by the organized effort which was made during the past winter to obtain relief by legislative enactment. Actuated by a belief that abuses of medical charity are in great part responsible for the financial depression in professional business, medical societies and a very considerable number of individual physicians in New York were enlisted in an effort to restrict the charity of hospitals and dispensaries to those individuals who are its proper recipients. This attempt to obtain legislative relief, which was so energetically and enthusiastically urged by those who are beyond the necessity for such action, as it was by those less fortunately placed in life, failed to receive executive approval, and is now referred to only as evidence of the general recognition of the reality and extent of the evil which has been assumed.

It is a mistake to suppose that the shrinkage in the revenue of the great body of physicians is solely attributable to an unwarranted increase in gratuitous aid to the sick, or to any other single agency. The causes of all notable changes in social conditions are complex, and the most effective are likely to be general rather than specific. The business of professional men has a purely commercial

¹ The President's Address delivered at the Fourteenth Annual Meeting of the New York State Medical Association, New York, October 12 to 14, 1897.

aspect, and like that of the merchant, is not only influenced by individual aptitude, but is subject to conditions beyond individual control; it is governed by the universal law of supply and demand as evidenced by the general prosperity, or financial depression of the community. Its aspect may, of necessity, be radically changed by the introduction of new economics and the application to practical affairs of new ethical standards evolved from prevalent modes of thought and forms of mental activity.

In a review of the causes which may reasonably be supposed to account for the loss of professional income, the one which logically comes first may at the same time be regarded as of most essential importance. It is demonstrable that the total amount of sickness in the community has very considerably decreased, and the aggregate of professional fees must in consequence be correspondingly diminished. If it cannot truthfully be said that people who are well do not require the ministrations of the physician, it may be assumed that imaginary illness will always exist as a measurably fixed quantity, and that the number of those who are really ill primarily determines the amount and variation of the physician's annual revenue. The improved condition of the public health, which has resulted from advances made in the study of pathology and of general hygiene, and from the practical application of such knowledge in public sanitation, is beyond question. The discovery of the pathogenic germs as the direct causes of disease and of the conditions under which they are produced, propagated, and destroyed has been utilized in the prevention of disease by the adoption of measures for the comprehensive destruction of pathogenic microbes, and for the establishment of conditions under which their reproduction is limited or rendered impossible. The number of diseases which may be traced to the action of specific bacilli and which may be classed with those that are preventable is constantly augmented; and the study of preventive medicine has become of paramount interest to both surgeons and physicians, though it certainly has not been conducive to their pecuniary profit.

The practical work suggested by the conclusions reached in the laboratory has been so intelligently and efficiently directed in this city and elsewhere as not only to justify its theoretic basis and satisfy the medical profession, but even to convince the general public of its beneficence, notwithstanding the enormous expense which it has entailed and the apparent invasion of personal rights which is sometimes necessary. Specific instances of the eradication or limitation of disease by the Health Department of this city may readily be cited. Epidemic dysentery is now unknown. Variola has practically ceased to exist, and systematic compulsory vaccination by the agents of the Health Department has at the same time almost destroyed a source of once considerable revenue to the general practitioner. Typhus fever occurs only sporadically, and then is directly imported. Typhoid fever has become comparatively infrequent. The enforcement of a reasonable standard of purity of the milk-supply and of sanitary regulations in regard to plumbing has greatly diminished the number of gastro-intestinal disorders, as has better

hygiene of schools and tenement-houses those of the respiratory tract. The isolation of all cases of measles, scarlet fever, and diphtheria, and the subsequent employment of thorough disinfective measures has minimized the danger of contagion, and correspondingly reduced the frequency of their occurrence. Epidemic influenza, malarial fevers, and rheumatism, unhindered by official sanitary restrictions, pay undiminished toll to our profession.

It would be a grave injustice not to acknowledge the essential aid rendered to the sanitary authorities by physicians in private practice, who have not only made possible the enforcement of sanitary regulations which otherwise would have been impracticable, but have striven as assiduously for the prevention as for the cure of disease. Aside from the decrease in the number of cases of illness, some diminution in the physician's work may be fairly attributed to the employment of better methods of treatment by which the duration and severity of many diseases has been sensibly lessened.

The improvement in the health of the community which has resulted from a better knowledge of the proximate causes of disease, and from more efficient employment of preventive measures has been so gradual that its realization, as a fact related to a decrease in the aggregate of medical fees, is even yet imperfect. General forces which are gradual in their operation are not always immediately connected with their effects, and, as in this instance, may fail to be properly recognized if more direct and tangible causes are apparent.

The decrease of sickness may be estimated to some extent from mortuary records. From a table prepared through the kindness of Dr. Roger S. Tracy, Registrar of Records, it will be seen that the number of deaths occurring during the first eight months of the current year in this city from certain diseases selected as illustrative, and in total, is notably smaller than during the same period in 1895 or 1896. The comparison is necessarily confined to fatal cases; but as these have been found to hold a fixed relation to the whole number of cases in which illness is sufficiently severe to confine the patient to bed, it is all that is required for the purpose:

Total deaths, and deaths from certain causes during eight corresponding months of these different years are as follows:

Causes of Death.	1895.	1896.	1897.
Diphtheria.....	1194	1132	1034
Pneumonia.....	4904	4075	3200
Typhoid Fever.....	155	150	155
Malarial Fever.....	49	68	80
Phthisis.....	3523	3481	3243
Scarlet Fever.....	397	311	350
Diarrheal Diseases.....	2464	2380	1917
Respiratory Diseases.....	6019	5007	4542
Total Deaths from all causes.....	30,699	30,307	26,866

It will be observed that, while the total number of deaths was very nearly the same during corresponding months of 1895 and 1896, it was much less during the same period in 1897. This statement is independent of

the increase in population which makes the actual reduction in the death-rate appreciatively greater.

The ratio of trivial to serious illness cannot be statistically explained, but every physician knows that the balance is greatly in favor of trivial illness. It is similarly known that the lessened demand for the services of the physician in these minor ailments in which the patient may or may not be confined to the house, but not to the bed, is even more noticeable than the decrease in the number of more serious or fatal cases. The individual experience of the physician is corroborated by that of the pharmacist whose business reflects that of the physician, and indicates by its decrease that patients whether gravely or slightly ill have grown fewer.

Another reason for the leanness of the doctor's exchequer during the past year or two may be found in the general business depression, and in the resulting attenuation of the incomes of all sorts and conditions of men. This has necessitated the exercise of economy at the extremes of society, and, in fact, in every station of life. Medical services, long recognized by the practitioner as quite unnecessary, except as they allay apprehension or relieve *ennui*, have come to be more nearly appreciated at their exact value. The physician has been conscientious, as he has given the attention which has been demanded; now, it happens that when it is suggested that a daily visit is unnecessary, he is oftener taken at his word; or the person with some trivial ailment waits until the necessity is apparent before summoning the doctor or calling at his office. The little soreness of the throat, the slight cold in the head, the muscular pains here and there, the patient's suspicion of "malaria" or his certainty of "wind colic" no longer bring a consultation to the doctor and a prescription to the chemist as often as they did in a time gone by.

In the opinion of leading pharmacists, the growing habit among physicians of directing the use of the various tablets, triturations, and ready made medicinal combinations in place of complicated prescriptions to meet the therapeutic indications has much favored the tendency toward direct traffic between patient and apothecary. If the patient is of that class whose income affords no margin for luxuries and scarcely any for extraordinary expenses, he waits in the face of impending illness so long as he may, and when compelled to seek relief turns to charity, though unwilling, perhaps humiliated, and always suspicious of that which has cost him nothing, his poverty but not his will consenting.

The want of a proper adjustment of medical fees to the circumstances of the patient has undoubtedly inured to pecuniary disadvantage of the physician. The cost of medical services to people of affluence is not usually excessive, but to those depending upon a small annual stipend, and to those who, poorer still, are yet desirous of private medical attendance, it is, though perhaps not beyond the desert of the professional man, at least often disproportionate to the ability of the patient to pay. Many are driven against inclination to hospitals, clinics, and dispensaries who, to the extent of their means, would prefer to pay for medical services, but who are utterly unable to

meet the demands of the physician in whom they have confidence. It is not altogether the fault of the medical man, who is often enough ready to conform his fee to the ability of the patient to pay; but in this country we are so heavily taxed for conscientious work—the honest worker makes us pay so tremendously for his honesty—and that which is a little cheaper than the best is so atrociously bad, that unless the doctor is expensive he is naturally mistrusted. If, however, his casual connection with a college, hospital clinic, or whatever else it may be has inspired some family of modest means with confidence in a young physician, and who occasionally may be suspected of being modest in his charges, he is only too often impelled to make his fee quite as large as would the most eminent of his *confrères*, lest his professional position should be underrated; and if the eminent person himself should be consulted, of course he has his acknowledged position to maintain. The man whose income is not more than \$100 or \$150 per month, and whose absolutely necessary expenses leave little margin for accidents, may, without distress, meet the cost of casual and transient illness in his family, but is soon made bankrupt if it be more frequent or prolonged, though the physician exact no more than the minimum of established rates of compensation. The expense of even modest living has become so inordinate that the number of individuals of this class who are unable to make provision for emergencies has greatly increased; they may pay physicians' bills which, in the aggregate, and without reference to the amount of service rendered, are small, but must default in the payment of those which are larger, or must resort to the aid of medical charities. This, which is a proper use of medical charities, is a specific instance in which pecuniary loss has been suffered by the medical profession from the operation of a general cause—the resort to public sources of medical relief by a large class of people not absolutely poor who, under more favorable conditions of general business and of living, have heretofore been able to more or less generously contribute to the income of the private physician.

The abuse of medical charity, on the other hand, is independent of such general conditions as have been considered. The fact that funds designed by both public and private munificence for the relief of the sick poor have been diverted to the benefit of those who are beyond the necessity of charitable assistance, seems to be well established; and is generally believed by medical men to be largely responsible for a decrease in the business of the general practitioner. It is difficult to give this opinion statistical confirmation. The number of people treated in hospitals and dispensaries is certainly enormous, apparently constituting an undue percentage of the entire population, but the want of uniformity in manner of constructing reports in different institutions makes it impossible to know how far the figures given represent original patients. It is scarcely conceivable, for instance, that the 837,971 persons treated in the dispensaries of New York City, as reported for the year 1895, more than half the population at that time, were so many different individuals. It would, of course, be impossible to form

a numeric estimate for the proportionate number of those who are the recipients of medical charity who should be debarred by their ability to pay for what they receive. There can be no doubt that the evil is great; the result of concurrent individual observation is competent evidence, and making due allowance for a natural tendency to accept the most direct or apparent as the most effective cause of obvious phenomena, it must account for an appreciable part of the sum which has been subtracted from the aggregate medical income. The numerous and well-authenticated instances cited as occurring within the personal knowledge of physicians—of persons living in luxurious apartments or otherwise known to possess abundant means, the more than decent apparel of many other patients at the same institutions, the growing habit of physicians from the country in bringing the better class of their patients to city or private charities for consultation—indicate not only pecuniary loss to the medical profession, but still more lamentable loss of self-respect in the general community. The other and extreme instances in which dispensary patients are said to leave their carriages and servants around the nearby corner of a street, or in which a woman possessed of fortune beyond that of any other of her sex is said to have accepted medical charity not only at a dispensary but in the private office of its medical attendant, if true, as claimed, must be too exceptional to have more than a curious interest.

An unquestionable and flagrant abuse, not of charity, but in its guise, exists in the exaction of small fees from patients in clinics and dispensaries. That such institutions of a semipublic and professedly charitable character, with all the advantages of endowment, prestige, and organization, should enter into a competition with individual physicians in order that their already provided-for expenses may be reduced or their facilities for teaching may be increased, is a monstrous injustice. It is a direct and naked application to the practice of medicine of the principle upon which mercantile trusts are founded. An institution which claims exemption from taxation, or from damages in a suit for malpractice, on the ground that it is a charitable institution, certainly has no business to give medical treatment at cut rates to all comers, while it sends penniless but surgically uninteresting patients to Bellevue to be cared for at the public cost. A lying-in infirmary, founded by private beneficence for legitimate purposes of teaching, transcends its functions when it competes with the family physician for cases at his own rates, or a little less. These and similar encroachments upon private practice, stated and believed by reputable members of the profession to be well established, even though defensible, could not fail to diminish its aggregate emolument.

There is danger lest the proper uses and abuses of charity should be confounded. The hospital or dispensary patient who is comfortably clad, who evidently is of a better class than the majority, or the woman with perhaps a superfluous ribbon or some little personal adornment, the cost of which might possibly have paid a doctor's fee, is not necessarily a trespasser upon the benevolence of the public, or to be directed to the private office of its representative. The clerk or small shopkeeper, or other per-

son, who with his family has some refinement of feeling if not absolutely cultivated, and accustomed to decent surroundings, ought not to be herded with laborers in a squalid tenement that he may put by money for the expenses of some possible illness. He is entitled to have a proper regard for the comfort of his family, and even for appearances; and if his meager income reaches no farther, or will not compass what he rightly or wrongly believes to be adequate medical attendance, he may claim with right when sickness comes, such aid as public institutions can give, and should not be stigmatized as a pauper or as a dishonest claimant of the public bounty. The sharpest pangs of poverty are not felt by the poorest, and no lives are more pathetic than those which border upon penury, though they never surpass its limit.

The most effective of the causes further contributive to a decline in the business of the general practitioner are in part an outgrowth of the business methods which prevail at the present time, and in part due to what may be termed the complicated mechanism now employed in the treatment of disease. The growth of specialism, the multiplications of sanatoria, and the disposition of patients suffering either from acute illness of severity or from surgical disorders to enter public or private hospitals which have together made serious inroads upon general practice, have each this two-fold origin. There are mining, bridge, and electric engineers; real-estate, criminal, and patent lawyers; grocers who sell only tea, or perhaps butter and eggs; and butchers who are dangerous only to pigs or chickens, as the case may be. So too, there are trusts and monopolies which destroy the smaller traders. The subdivision of business and the limitation of the field of individual enterprise grows more and more complete from year to year, and he whom circumstance compels to row against the tide, if he survive, must drop behind. In the medical profession, specialties and specialisms increase and the temper of the public mind improves, until little or nothing is left to general practice—even rheumatism, dyspepsia, appendicitis, and gonorrhea have been pre-empted. The country doctor who is at once physician, surgeon, gynecologist, and all sorts of specialists combined, still survives to some extent, and is likely to be a man of broader mind than his *compère* who is potent only in some high degree of trituration. The analogue of commercial trusts and combinations exists in the foundation of medical schools, clinics, dispensaries, and minor hospitals. Medical faculties and medical boards have not failed to recognize the value of mutual aid and cooperation in the advancement not only of their semipublic but of their private interests. The number of these institutions, which is already in excess of public requirement, grows constantly larger, as men who are excluded and are emulous of their advantages form new combinations and establish for themselves new institutions. These references to present peculiarities and conditions of medical practice are not intended as a criticism, an expression either of approval or of condemnation, but simply in explanation, to a certain extent, of another fact *sub judice*. The introduction of appliances too complicated or too expensive, or requiring too much technic skill in their employment for the casual occasions

of general practice, has much enlarged the field of special treatment and correspondingly restricted the work of the general practitioner. In like manner, the recognized necessity for the maintenance of surgical asepsis, and the perfection of detail, the proper environment, the employment of specially trained surgical nurses and assistants which it involves, have compelled the surgeon to very generally remove operative cases to the hospital, and thus deprive the attendant physician of the after care of his own patients. The increasing number of sanatoriums established for the reception of cases of chronic disease, especially of phthisis and of the neuroses, in accordance with the present views of treatment, must, in an appreciable degree, detract from the income of the general practitioner to which such chronic cases largely contribute.

It has been thought that the profession suffers from an over-congestion of its ranks, and this, with the undue extension of the work of medical charities has been generally regarded as the essential, if not the complete, explanation of the present unsatisfactory pecuniary returns made to so many of its members. It is probably true that the number of medical men has increased out of proportion to the population. The medical profession has been made more attractive, its dignity has been greatly enhanced, its highest rewards have become as brilliant as those in any of the learned professions; and educated youth has naturally entered more freely upon its study. The half-educated and uncultivated more than ever swell the enormous classes of medical schools; the natural restlessness of the masses of people in a country in which no class distinctions exist, except such as come from the possession of wealth, constantly forces into the struggle for better place those who are entirely unfitted by education and social surroundings for the position to which they aspire, and perhaps attain. This plethora of recruits is equally notable in other professions, especially in the larger cities, and is more marked in this country than abroad where the maxim, *Sutor ne ultra crepidam*, is more carefully observed. The several hundred applications for a naval chaplaincy, though clergymen no more than cats are fond of the sea, is evidence of a redundancy of clerical endeavor; and the New York City directory is eloquent of the amount of legal talent at the disposition of the public. It is questionable, however, how far this accession to the membership of a profession, even if apparently over-large, is really a menace to its general prosperity. If any harm has been done to the medical profession it has been rather to the surgeons than to the general practitioner, whose case it is that has elicited sympathy and discussion. The surgeons of ability and skill, so few even in still recent years, have been disproportionately reinforced in numbers, and the changes in surgical methods have been such that the younger men have been enabled almost at once to meet their elders on nearly equal terms. If competition has become more intense in the medical profession, it is a result of a higher and more complex civilization, a greater density of population, and a consequent harder struggle for individual existence. The rivalry of charlatans and heterodox practitioners continues, as it probably always

will, but there is no apparent reason to suppose that it is more active or more successful than in the past.

Many of the causes which have been enumerated as showing the responsibility for a decline in the remunerative business of the physicians have been operative for a considerable time. The fact itself has been patent for scarcely more than a year, or at least, it has not been so notable as to provoke general discussion. Changes in social conditions are always insidious, usually unnoted until long after they are evident, and in time, often seemingly explosive. History teems with examples. In this instance, effects which have been thought to be individual experiences of only passing import were somewhat suddenly discovered to be general and possibly permanent.

In view of all these causes of decline it may be said that the only wonder is that the general practitioner has any practice left at all; but the world is large though the doctors may be many, sickness and death are the heritage of all mankind, and, as a matter of fact, we have not yet found our occupation gone.

The natural and fitting termination of a discussion which involves the etiology of grievances is in the indication of means for their removal; but it is easier to observe phenomena, to speculate upon their origin and to moralize, than to suggest a remedy—as we too often find in the study of our cases. The improvement in the health of the community is likely to be progressive, through the efforts of the profession which has already begun to feel the pressure of the crown of martyrdom. The general commercial depression and the consequent contraction of incomes which has led to an economy in medical attendance among people of moderate means, and even of moderate wealth, and has driven the poor to hospitals and dispensaries, is of course beyond our influence or control.

The injury which has been done to private physicians by the unwarranted methods of pseudo-medical charity is unquestionably capable of whatever relief the law can afford. It is only a minority of charitable institutions, and out of the whole number in this city—exceeding one hundred—not more than four or five have opposed necessary legislative and executive action. Such legal restrictions and supervisory provisions as are practical have only to be framed with sufficient care and judgment, and when proposed for enactment to be supported with energy and unanimity, to make it quite possible to overcome any selfish opposition which can be made. Remedial legislation, however, can never entirely obviate existing causes of complaint, except by a censorship so severe and a surveillance so complete as to be alike distasteful and foreign to the characters of members of an honorable profession. If the managers of hospitals, dispensaries, and college clinics remain regardless of their professional obligations to their fellows, and in their eager desire to purvey "material" for the instruction of students, or for their own exploitation, and welcome patients who, by reason of sufficient means, have no right to be accorded the privilege of the poor, no process of law can wholly restrain them. There are moral delinquencies, as there are crimes, for which no legal punishment is provided. It is a sophism to say that the public exposure to which the patient is

subjected is in the nature of a remuneration, or that a medical institution has the right to proffer, or the patient to accept, a charity which is not justified by even the semblance of poverty. No body of men has the right to debauch public sentiment or to impair the self-respect of a considerable class and to pauperize those who are capable of self-support—to stimulate the growth of the very evils which sociologists and philanthropists are struggling to limit by the discouragement of undeserved and indiscriminate charity. It is an injustice to society as well as to the medical profession for which the profession itself is in great part responsible. Its tolerance of methods which are too nearly akin to those of purely commercial pursuits and of a loosening of the bonds of professional obligation which bind physicians one to another in honor and fraternity, has made possible the very scandal which is now the subject of discussion and complaint. It is in a return to a higher conception of professional morals, and to its enforcement upon the few by an aggressive professional sentiment that the most complete protection to the many will be found. The constant inculcation of the fraternal duty which medical men owe to one another as the panacea for all the professional ills from which they suffer may grow wearisome, but in rehearsing the errors and grievances of a profession in which the general welfare is so peculiarly dependent upon the observance of the golden rule it is difficult to avoid usurping the ministerial office.

The undue or inconvenient increase in the number of practitioners of medicine, whether or not it is to be deemed an evil, is no more to be controlled than the growing disposition of people of moderate means to seek unnecessary medical advice. The profession cannot be surrounded by a Chinese wall; so long as it seems to offer desirable rewards new men will enter at will, within the limits of such restrictions as may legally be prescribed—and if we are jostled or too much crowded we must endure with the best grace we may. The longer course of study which is now necessary is certainly far from prohibitive, and more exigent demands upon the time and scholarship of the student, if made hereafter, while elevating the character of the profession will hardly decrease the number of its votaries. Competition grows more intense, whether the most urgent cause may be the diminished work to be done, or the greater number who stand ready to do it; learning, sagacity, assiduity, and tact—every honorable means is essential to honorable success. Let us be desirous of none other—let us avoid questionable methods; and if our tools must be sharp Heaven grant that they may always be clean. And you who find the struggle hard, who have learned that the realization of a high conception of professional honor oftener leads to business failure than to success, or may sometimes be inclined to falter or to grow faint at heart, take to yourself the adjuration of that fine gentleman himself, who never faltered and whose heart was always brave—William Makepeace Thackeray:

"Who misses or who wins the prize,
Go lose or conquer as you can;
But if you fail or if you rise,
Be each, pray God, a gentleman."

THERAPEUTIC NOTES.

Treatment of Ocular Neuralgia.—MARKOFF (*La Méd. Mod.*, August 21, 1897) advocates the use of cyanid of potassium and quinin in the treatment of neuralgia. Morphin, whether given internally or by hypodermic injection, has very little if any effect. Cocain has only a temporary action, and produces an artificial paralysis of the terminations of the nerves which is looked upon as the cause of a neuromyolytic affection of the cornea. Cyanid of potassium is administered in a warm solution of a strength 1:300 or 1:200 of which five to ten drops are instilled into each eye held widely open. This solution will keep well in a dark bottle in a cold place; but if it has lost its characteristic odor, its virtue has disappeared. The chlorhydrate of quinin is employed in a one-per-cent. solution which *must not contain any acid*. The following is an excellent prescription:

R	Quinin chlorhydrate	.	.	.	gr. i
	Morphin chlorhydrate	.	.	.	gr. ss
	Water	.	.	.	m. c.

M. Sig. Instil 5 to 10 drops into the eye. Repeat in fifteen minutes if necessary.

It is very seldom that a second application is required. The fundamental trouble will, of course, remain, but the neuralgia will disappear at once.

New Method of Removing Polypoid Growths of the Bladder.

—In the *Four. of Cutaneous and Genito-Urinary Diseases*, July, 1897, CHISMORE describes a method of locating and removing polypoid growths of the bladder by means of the suction exerted by an aspirator attached to a litholopaxy catheter, or other suitable tube. Through the medium of this suction the polypi are caught in the eye of the instrument, and by gentle traction and slight to-and-fro sawing movements are separated and drop into the reservoir of the wash-bottle. Two or three ounces of a hot boric-acid solution containing, if need be, a little cocain, is injected into the bladder and the point of the catheter is systematically passed over the wall of the viscus.

To the natural objection to this procedure,—that portions of the normal bladder-wall may be caught and torn off or injured,—Chismore claims, that the touch, if acute, will readily determine the difference in sensation, as the wall of the bladder occludes completely, and with a little thud, the eye of the instrument, while a polypus, being smaller and softer, is able to float a little way into the instrument and even then may only partially obstruct its lumen.

Airol in Diarrhea.—VENUTIS and BARBAGALLO (*Therapeut. Wochenschr.*, July 25, 1897) have used with success, in cases of acute and chronic diarrhea, airol in doses of from 2 to 5 grains. The remedy proved absolutely harmless, and especially in acute cases its action was prompt and reliable, so that it was not necessary to alter the usual diet. It was also found to be of service in some cases of tuberculous diarrhea, although larger doses were required.

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SATURDAY, OCTOBER 23, 1897.

CAUSES OF THE DECLINE IN PHYSICIANS' INCOMES.

THE shrinkage in the aggregate income of medical men during the last few years is a painful fact to which all members of the profession yield a reluctant but positive acknowledgment. Among many, more especially the young and recent recruits to the ranks of the profession, the scant remuneration has been the cause of bitter complaints, and the struggle for existence has proved painful and disheartening. Under such circumstances it is not easy to be philosophic; hope gradually fades into despair; the one most apparent source of the difficulty is hit upon as the effective cause of all visible wrongs, and the sufferer is in danger of wearing himself out in his efforts to right the one, only to find that the dragon's tooth has brought forth a greater crop of evils than is in his power to correct.

To take a broad and philosophic view of the situation, classify the various causal factors of the existing condition, and present them in proper proportion and relation, requires the mind of a master. This was most satisfactorily accomplished by Dr. Charles Phelps in his address at the recent meeting

of the New York State Medical Association in this city. The address is published in full in this issue of THE MEDICAL NEWS, and cannot fail to prove most interesting and instructive reading. Some of the causes of a depression in medical finances are recognized as permanent and unalterable, others are susceptible of immediate correction, and still others will correct themselves with the improvement in general commercial conditions. One of the facts which must be considered a permanent factor is the comparative infrequency of many once common diseases, the result of improvements in sanitation and hygiene. It is demonstrable that the total amount of sickness in the community has been very considerably decreased by the application to practical sanitation of the results obtained in the study of pathology and prophylaxis. It is the glory of the medical profession, however, that it can sink its own pecuniary interest in the eager pursuit and practical application of preventive medicine.

While we have not yet reached that millennial condition in which good health is contagious, we are rapidly arriving at the coveted stage of development at which health and physical endurance are becoming fashionable. The "interesting" invalid is no longer interesting. On the contrary, the young maid or woman who can lead at golf and ride the wheel without undue fatigue is the heroine of the hour. The fashionable physician who made his daily rounds to administer to fancied ills, meeting the demands of the case by satisfying the fancy, and calling again on the morrow at the insistence of the patient to pronounce upon the improvement, is finding his occupation gone.

The manifold ways in which the recent financial depression has had the effect of reducing the emoluments which have hitherto unceasingly flowed into the medical man's exchequer, are presented with most discriminating accuracy.

The abuse of medical charity in hospital and dispensary is arraigned as a most potent factor in the gradually diminishing income of the physicians of large cities. For this evil a prompt remedy exists in appropriate legislation, but the full corrective influence of legislative enactment may only be obtained by recalling the members of the profession to an appreciation of the professional obligations which bind physicians to one another in honor and frater-

nity, and to loftier conceptions of professional morals. In treating this part of the subject the address of Dr. Phelps has the ring of old-time professional dignity and self-respect. It is especially appropriate at this time and cannot be too constantly reiterated.

THE ABUSE OF MEDICAL CHARITY.

THE first gun of the autumn campaign against hospital and dispensary abuse was fired by Dr. Wiggin at the recent meeting of the New York State Medical Association held in this city. This subject has been seriously agitated for more than a year. Sufficient time has been allowed for a thorough examination of all the facts in the case, and the evidence is now in. Dr. Wiggin very wisely collected not only the facts which have been made manifest by recent investigations and in official reports, but also presented in a striking and graphic manner the opinions which are held in reference to this subject by authoritative writers in widely separated communities. It is apparent that not only is a gigantic imposition practised upon nearly all charitable institutions, but is carried to such an extent as to threaten a serious moral deterioration of a large number of people in the communities in which these institutions exist.

With this debauching of public conscience there also is inextricably associated an injustice and injury to the profession in depriving it of fair and honorable emoluments. In the righting of the first there will also be accomplished the restoration of the individual physician to his proper sphere of professional activity, with accompanying and adequate remuneration.

In the endeavor to correct these abuses, the medical profession deserves the willing assistance of all who have the good of the community at heart. In thus insisting upon a cessation of the baneful influences of indiscriminate charity, we will not diminish one iota the justice of the claim which the medical profession makes in its own behalf. The righteousness of the demand is recognized by those who personally do not feel the ill-effects of the abuse, and, as Dr. Phelps has said, the cordial cooperation of such men with those less favorably placed, in an endeavor to correct the abuse, is corroborative evidence that it exists and is recognized by all.

The only method of eradicating the evil is by means of legislative enactment. To carry an efficient bill through the legislative and administrative ma-

chinery, requires a united activity on the part of the entire profession. The existing condition has been of insidious growth, and is not the result of action by any coterie of men with designs upon the rest of the profession, but is the legitimate outcome of sharp and eager competition, the far-reaching results of which could not be anticipated, and became manifest only when acting in conjunction with the many other causes which have diminished the physician's income. The general financial distress of the last few years has made them strikingly evident.

Let us not deplete our ranks, nor alienate any of our brethren by throwing mud or applying undignified epithets to those who apparently are within the enemy's lines. Nothing is gained by the pot calling the kettle black. Let us recognize the fact that the fierce struggle for precedence in a hotly contested competition has created a condition which we seek to remedy, and when an efficient law has been enacted, no effort to resist its universal application need be feared. Let us not divide our strength into factions, each of which will take an extreme view, and whose motto will be, war to the knife and no compromise. The condition which exists is a silent outgrowth of conditions and circumstances for which the entire profession is to some extent responsible. Extremists on both sides are invariably wrong; the right way lies between. The need of settling this question is desperate and with united forces there is every probability that it will be speedily and rightly terminated.

ECHOES AND NEWS.

Death of Professor Stoeber.—The news comes from St. Petersburg that Dr. Stoeber was frozen to death during an ascent of Mount Ararat, in company with other members of the recent Geological Congress.

The Sanitary Institute of Great Britain.—This society recently celebrated its twenty-first anniversary by a dinner in London. The institute now has 2100 members and associates, and its annual income amounts to \$30,000.

Death of Dr. Luke Robinson.—Dr. Luke Robinson of San Francisco, one of the most prominent physicians in California, died suddenly last week of heart disease while on a Southern Pacific train in the San Joaquin Valley.

Typhus on the Pacific Coast.—According to Dr. Williamson, of the San Francisco Board of Health, the first case of real typhus fever ever recorded on the Pacific Coast

has recently been discovered at St. Luke's Hospital in that city.

Compulsory Insurance against Sickness.—The National Council of Switzerland recently adopted a bill which introduces a system of compulsory insurance against sickness by all persons not possessed of means sufficient to make their positions independent.

An International Leprosy Society.—The news comes from Berlin that the leprosy conference has appointed a commission of twenty, including Professor Virchow as president and Dr. Dyer of New Orleans, to prepare the way for an international leprosy society.

A Hospital Suicide.—A patient under treatment at the Long Island College Hospital, Brooklyn, N. Y., jumped from a second-story window last week. His skull was fractured, several ribs were broken, and he was so badly injured internally that he will die.

Death of Professor Heidenhain.—Professor Rudolphe Pierre Henri Heidenhain, incumbent of the Chair of Physiology at the University of Breslau, is dead. He was born at Marienwerder in 1834, and studied medicine and natural science at the universities of Königsberg, Halle, and Berlin, and experimental physiology under the direction of Professor Du Bois-Raymond.

Ambulance Classes for Sailors.—In England "ambulance classes" have been formed in which sailors are taught some of the simpler methods of treating accidents, and silver badges are given to those who pass the examinations. This has become necessary from the fact that the law requires only such vessels as carry more than a hundred persons to employ a medical officer.

X-Ray Photograph Not Admitted as Evidence.—Judge Henry M. Nevius of the Hudson County Circuit Court in Jersey City recently refused to admit as evidence in a suit for damages an X-ray photograph showing the nature of the injury received. His refusal was based upon the fact that the X-ray photograph has never been used as evidence in that State, and he did not desire to establish a precedent.

The Bicycle and Phthisis.—Last year, for the first time in the history of the State of Massachusetts, the number of deaths from phthisis in females was smaller than that in males. For five years the female death-rate from this cause has been steadily decreasing, and, as women have been riding the bicycle for about that length of time, the decrease is ascribed to the open-air exercise inaugurated by the use of the wheel.

Ship-Surgeons on Inland Steamers.—The Newport (R. I.) Medical Society is agitating the question of compelling Sound steamers and those which ply along the coast and on the great lakes, to carry ship-surgeons. The Sound steamers often carry as many as a thousand passengers, medical attendance is frequently required and is generally furnished, much to his discomfort and annoyance, by some medical man who happens to be a passenger.

The law on the subject is very lax, and steps are to be taken to induce Congress to make a change for the better.

Sanatorium for Incurables.—Buildings are being erected in Forestburg, N. Y., by the Sisters of St. Dominick, to be used as a sanatorium during the Summer season for patients from St. Catherine's Hospital, Williamsburg, L. I., and as a permanent home for incurables. The site is 1947 feet above the sea level. Patients in the first and second stages of phthisis will be received in order that they may have the benefit of the high altitude. The estate covers an area of 1173 acres, and the various buildings are separated from each other by a distance of from 1000 to 3000 feet. The architecture is of Medieval monastic style, and the buildings will be provided with all modern improvements, heated by steam, and lighted by electricity. When completed, the establishment will be the largest of its kind in the United States.

Yellow-Fever Notes.—Three deaths from yellow fever occurred on the British steamer "Honiton," during her voyage from Progreso, Mexico, to Boston, Mass. She is now in quarantine at the latter city, and the health officers have begun the work of disinfection.

The tramp steamer "Sonnehille" arrived at Baltimore last week with a case of yellow fever on board, and several of the crew not feeling well. She has been fumigated and is held in quarantine.

The news comes from Plymouth, England, that the British steamer "Medway" has arrived from Colon, via Barbadoes, and reports two deaths from yellow fever during the voyage. No other cases have developed.

A New York physician, practising at Grand Caymans, Jamaica, reports that an epidemic of what appears to be malignant typhoid fever is prevailing in Jamaica. It is not admitted that the disease is yellow fever.

Tobacco-Smoking and Genius.—In his work, *Introduction à la Médecine de l'Esprit*, M. Maurice de Fleury devotes a chapter to tobacco-smoking from the point of view of men of letters. The following are the opinions in epitome of three among the most eminent writers of the century. In the first place, Balzac: "The architect of that cyclopean monument which bears the name *La Comédie Humaine* professed a fanatical aversion to tobacco in all its forms, and was constantly employed in an endeavor to purge the *Régie*." In his books he invariably covers with contempt the characters whom he portrays as smokers, and an entire chapter in his "Treatise on Modern Stimulants" consists exclusively of fulminations against the weed and its worshippers. His, in fine, is the motto under which the devoted members of the *Société contre l'Abus du Tabac* wage an unceasing war. "Tobacco destroys the body, attacks the intellect, and besots the nations." Next, Victor Hugo, the author of *Les Misérables*, was likewise no smoker. As Théodore de Banville once said, "In the house of Victor Hugo, Peer of France, no one has ever even attempted to smoke." In this connection an anecdote suggests itself. One evening in the master's home one of the guests, Villiers de l'Isle-Adam, I think, was vaunting the beneficent effects

of a cigarette on a creative imagination. The great poet at once rose in revolt. "Believe me," he said, "tobacco is more hurtful to you than beneficial; *it changes thought into reverie.*" Finally, M. Émile Zola says: "I have no definite opinion on the question. Personally, I gave up smoking ten or twelve years ago on the advice of my medical attendant at a time when I believed myself to be affected with heart disease. But to suppose that tobacco exercises an influence on French literature raises a question of such magnitude that the most rigid scientific proof alone could dispose of it. I have known great writers who smoked without stint, but their intellects were not one whit less acute. If genius be a neurosis, then why seek to cure it? Perfection is such a very tiresome thing that I very often regret having broken myself of the tobacco habit. And as I know nothing more about the question I do not dare to enlarge upon it."—*The Lancet.*

Health Reports.—The following statistics concerning smallpox, yellow fever, cholera, and plague have been received in the office of the Supervising Surgeon-General of the United States Marine Hospital Service, during the week ending October 16, 1897:

YELLOW FEVER—UNITED STATES.

		Cases.	Deaths.
Bayminette, Ala.	October 14	1	1
Flomaton, "	October 14	4	..
Wagar, "	October 11	1	..
Mobile, "	October 1-15	77	9
Atlanta, Ga.	October 8	1	..
New Orleans, La.	October 1-15	556	56
Franklin, "	October 14	1	1
Biloxi, Miss.	October 1-15	208	7
Clinton, "	October 9-14	2	1
Edwards, "	October 1-15	179	16
McHenry, "	October 1-15	20	1
Nitta Yuma, "	October 11-12	..	1
Pascagoula, "	October 14	2	..
Scranton, "	October 1-15	122	4
Galveston, Tex.	October 9-12	12	..
Houston, "	October 11	3	..

YELLOW FEVER—FOREIGN.

Para, Brazil	September 18-25	..	5
Rio de Janeiro, "	August 28-September 11	1	1
Cardenas, Cuba	September 25-October 2	..	1
Cienfuegos, "	September 26-October 3	..	2
Sagua la Grande, "	September 18-October 2	75	6
Kingston, Jamaica	September 18-25	4	2
Vera Cruz, Mexico	October 1-7	3	..
Panama, U. S. Col.	September 23-October 3	1	1

CHOLERA—FOREIGN.

Bombay, India	September 7-14	..	41
Calcutta, "	August 28-September 4	..	6
Madras, "	September 3-10	..	8

PLAGUE—FOREIGN.

India, Bombay	September 7-14	..	27
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SMALLPOX—UNITED STATES.

Birmingham, Ala.	October 2-9	4 (3 varil'd.)	
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SMALLPOX—FOREIGN.

Manaos, Brazil	September 11-25	65	7
Rio de Janeiro, "	August 28-September 11	11	..
Hong Kong, China	August 21-28	..	1
Sagua la Grande, Cuba	September 18-October 2	40	2
Calcutta, India	August 28-September 4	..	1
Madrid, Spain	September 14-28	..	7
Moscow, Russia	September 11-18	1	..
Odessa, "	September 18-25	1	..
St. Petersburg, "	September 11-25	12	3

CORRESPONDENCE.

NEW DRESSING FOR WOUNDS.

To the Editor of THE MEDICAL NEWS.

DEAR SIR: Equal quantities of paraffin and unpurified beeswax melted together make an admirable surgical dressing when it is desired to apply an air-, water-, and germ-proof covering. The mixture may be completed by placing it in a narrow-necked culture-bottle and sterilizing over a sand-bath. When required for use, the preparation may be liquefied by heat within a few minutes. After being spread over the wound, either directly or after absorbent cotton has been applied, it immediately hardens and becomes firmly adherent. The heat of the melted mixture acts as a hemostatic, and, according to my experience, this dressing hastens regeneration. It does not irritate the skin, and may be easily removed. It is inexpensive and easy of application, and will hold in suspension almost all known antiseptic powders. My method of applying it is by means of a swab composed of absorbent cotton wound on a stick or probe.

SAMUEL H. FRIEND, M.D.

MILWAUKEE, WIS., October 7, 1897.

OUR BERLIN LETTER.

[From our Special Correspondent.]

GERMAN MEDICAL CONGRESSES DURING SEPTEMBER—A SUGGESTION TO SUBSTITUTE RUSSIAN KVAS FOR GERMAN BEER—THE NEW GERMAN PATHOLOGICAL SOCIETY—SANATORIA FOR CONSUMPTIVES—JUDGMENT SUSPENDED AS TO THE NEW TUBERCULIN—THE PSYCHOLOGY OF A CHESS CONGRESS.

BERLIN, October 16, 1897.

THE latter part of September is a favorite time for the meetings of medical congresses in Germany, and no less than four have been held during the past three weeks. At this time summer vacations are usually over, and the regular work of the semester has not yet begun, so there is a favorable opportunity for the gathering of medical men under propitious circumstances. The meeting of the Society of German Alienists at Hanover, of the German Society for Public Hygiene at Karlsruhe in Baden, of the German Scientists and Physicians at Brunswick, and the annual meeting of German Physicians at Eisenach, the *Arzte-Tag* as it is called, have all been well attended.

The last-named society is intended more especially for the discussion of subjects bearing directly upon the physician himself and his relations with his colleagues. A series of resolutions were drawn up containing suggestions for the legal regulation of quackery, and they occasioned a good deal of discussion. All were agreed as to the eminent desirability of the object proposed, but as to the means that would best secure it, there were many differences of opinion. In general, the impression seemed to be that until there is a radical change in the relations between the government and the medical societies, so that the latter would be entrusted with the framing of legal regulations relating to the practice of medicine, very little could be hoped for from legislation. In the meantime there was complete unanimity of opinion with regard

to the necessity for action which is extremely encouraging, and is bound sooner or later to gain recognition. The public will finally be educated to understand that the regular profession seeks sincerely the public good in its effort to suppress quackery, and then more efficient legislation may be anticipated. The organization of effort in this direction will prevent the matter from being dropped until something effective has been accomplished.

At the same meeting the discussion of the hygiene of public schools drew forth some complimentary remarks as to the recent American innovations in the matter of medical inspection of schools which serve to show how soon a good thing is appreciated, even at a long distance.

At the meeting of the German Society for Public Hygiene one of the main subjects discussed was the use of alcohol and the question as to how its ever-increasing consumption may be restricted. Here in Germany statistics seem to show that cirrhosis of the liver is almost alarmingly on the increase, though only in a ratio proportionate to the amount of beer and other alcoholic beverages consumed. Dr. Karl Frankel suggested the Russian drink kvas as a substitute for beer, which so many of the members of the congress at Moscow, though tasting it for the first time, had found so pleasant and refreshing. During the hot days at Moscow nothing seemed more palatable than this simple fermented liquor, which is not unlike our own popular root beer. Kvas contains scarcely one-half per cent. of alcohol, and most Americans who attended the congress would agree with Dr. Frankel that it would form an excellent substitute for beer during the heated term when the temptation to consume a good deal of liquid is almost irresistible.

Though there might seem to be enough medical societies and congresses, the recent meeting of the German Scientists and Physicians at Brunswick witnessed the organization of another. This is to be known as the German Pathological Society, and it is to hold its meetings each year in the same place and just after the sessions of the former society at the close of which it was organized this year. If the names of its officers are any guarantee of the character of the work which will be presented at its meetings, the proceedings of the new society may be expected to attract a good deal of attention. Professor Virchow is the president of the new society, and Professor von Recklinghausen, its secretary.

Two new public health sanatoria for consumptives were opened during the past week, the one at Albertsberg, the first in Saxony, with a great deal of *décor* in the presence of royalty. Plans for many others and for extensive additions to those already existing are under consideration.

The treatment of tuberculosis in sanatoria constitutes, in the opinion of the German medical profession, the best means of combatting the disease. Professor Leyden's discourse at one of the general sessions of the congress at Moscow gave expression at once to this feeling, now so common, and to the reasons underlying it. There is no specific therapy for this dread disease despite all the claims which have been made, and the only thing left is to strengthen the vital resistance of the individual and so enable him to fight his own battle. For this, the regular

life, the constant watchful medical care, the plenteous nutritious diet, and, above all, the avoidance of every excess, all of which are so easy of attainment in a sanatorium, constitutes the best therapy yet found for consumption. Statistics in ever increasing number serve to show that such sanatoria are really working wonders. Most of the objections urged against them—the liability of contagion, dissatisfaction on the part of patients, and impatience of restraint—have disappeared before the actual experience of their good results. Government itself is now beginning to take an interest in the question of sanatoria for the consumptive poor, and wealthy philanthropists are coming to the realization that their establishment is calculated to be a matter of the greatest practical benevolence and charity.

As to Koch's new tuberculin, the editors of the *Deutsche Medicinische Wochenschrift* after having devoted considerable space to papers upon the subject have now resolved to close their columns for a time to its further consideration. It will take years to really decide the therapeutic value of the new serum, and discussion at present can only be illusory, the personal feelings of the observer too greatly influencing his judgment as to results. The use of the old tuberculin for diagnostic purposes seems to be thoroughly disapproved of here in the clinics for internal medicine. The reaction which occurs after the injection of tuberculin when tubercle bacilli are present is considered to be due to a necrosis of tissue around the bacilli and the absorption of toxic products therefrom. Such a septic reaction cannot be without danger, and necrosis of tissue may cause the further absorption of bacilli into the lymph- or blood-vessels and so institute an acute process. As the majority of people have encapsulated bacilli in the apices of the lung or somewhere in the bronchial glands without being in the slightest sense tuberculous, the occurrence of the reaction cannot be said to be definitely diagnostic of active tuberculosis. In cases where the bacilli have been completely shut off from the possibility of doing any harm by Nature's protective barriers of inflammatory lymph, there is danger that the quiescent condition may become active under the influence of the injected toxins. The injections are practically considered unjustifiable, except in the determination of the etiology of such serious affections as pleurisy or ascites where the patient's dangerous condition makes an experimental diagnosis with tuberculin less risky.

The International Chess Congress has been in session in Berlin for about two weeks, and the presence of the great masters of the game has given the occasion for some medical remarks as to the physiologic psychology of that species of the *genus homo* that plays chess. Strangely enough, considering the high estimation in which great chess-players are usually held by their immediate friends, the medical opinion of them does not seem very exalted. There have been some very pointed remarks made as to the questionable utility, as a means of recreation, of a so-called game which requires a mental tension and attention which is fatiguing in the extreme, and which must call for a large waste of intellectual energy. That the training incident to this continuous

nervous strain is not beneficial as regards other and more useful mental occupations, the best proof seems to be the sterility of great chess-players in other intellectual work. The exercise saps energy rather than trains faculties, and what of training it gives is so specialized to the game itself that it is of no use in other and more useful lines of thought. As to the great players themselves, they are usually typical examples of a complete one-sided development. This development affects principally the memory, the lowest of the intellectual faculties, and more especially, the coordination and retention of visual impressions—the first of mental aptitudes acquired in the course of evolution. On the whole medical opinion does not seem to favor the game in these days of hyperneurotic conditions, unless it be occasionally for the over-occupied business man whose thoughts as to mercantile details do not give him real leisure, except when absorbed in something, which like this, requires complete and absolute attention.

OUR PHILADELPHIA LETTER

[From our Special Correspondent.]

TOPICS FOR DISCUSSION AT THE AMERICAN PUBLIC-HEALTH ASSOCIATION MEETING—DEDICATION OF THE D. HAYES AGNEW MEMORIAL PAVILION OF THE UNIVERSITY HOSPITAL—BERI-BERI IN PHILADELPHIA—COLLEGE OF PHYSICIANS OF PHILADELPHIA, SECTION ON GENERAL MEDICINE—DR. R. C. NORRIS' ILLNESS.

THE Executive Committee of the American Public-Health Association, which convenes here on October 26th, has announced the following topics for discussion:—The pollution of water supplies; the disposal of garbage and refuse; animal diseases and animal food; the nomenclature of diseases and forms of statistics; car sanitation; steamboat and steamship sanitation; international committee on the spread of yellow fever; the relation of forestry to public health; the cause and prevention of infectious diseases; public-health legislation; the cause and prevention of infant mortality; the transportation of diseased tissues by mail; the period during which each contagious disease is transmissible, and the length of time during which a patient having a contagious disease is dangerous to the community; sanitation with special reference to drainage, plumbing, and ventilation of public and private buildings; the consideration of some method of international arrangement for protection against the transmission of infectious diseases; disinfectants; and an examination into the existing sanitary municipal organizations of the countries belonging to the Association, with a view to a report upon the most successful in practical results. The above general topics are to be supplemented by special papers at the meeting, and of these communications a daily programme will be issued during the course of the convention. Not the least prominent features of the meeting will be the exhibit of various appliances pertaining to sanitary matters and allied subjects. In addition to the trade displays, of which there are to be a large number, interesting exhibits from the municipal health boards of New York, Philadelphia,

Cincinnati, Baltimore, and other large cities will be held, comprising a practical demonstration of the application of city bacteriologic laboratories to preventive sanitation, together with the methods in use for dealing with endemic contagious diseases, and with sudden epidemics. These exhibits will be held in the Horticultural Hall, which is admirably adapted for the purpose, as well as being conveniently situated directly opposite the Hotel Walton, the headquarters of the Association. In Horticultural Hall will be located also the bureau of registration, the post-office for members, and a bureau of information.

The D. Hayes Agnew Memorial Pavilion of the University Hospital was formally dedicated with appropriate ceremonies on October 15th. Addresses were made by Dr. William F. Norris, the President of the Board of Managers of the Hospital, by Provost Harrison, by Dr. De Forrest Willard, by Dr. J. William White, and by Mayor Warwick. This new addition to the University Hospital was erected at a cost of \$160,000, to serve the purposes of a lecture-building, a hospital, and a surgical dispensary, and contains the most approved appurtenances in use. The first, second, and third floors contain amphitheaters where it is proposed to hold surgical, orthopedic, and gynecologic clinics, and the third floor also contains an operating-room for ophthalmologic cases; the ground floor is occupied by a surgical dispensary. The new building, which forms a companion wing to the William Pepper Clinical Laboratory, has a capacity of one hundred and sixty beds, with separate wards for children's diseases, for general surgery, for gynecology, for ophthalmology, and for otology.

Two of the coolie crew of a British steamship, which arrived at this port a few days ago, have developed typical symptoms of beri-beri, an outbreak of which disease occurred among the crew of the vessel during the early part of her voyage from India. In connection with this incident an interesting complication has arisen regarding the disposition of the patients, who, being Chinese, are forbidden to land, and are thus denied the advantages of proper hospital treatment while in port. Thus far the question of this privilege has been decided negatively by the officials, although should the steamer leave without these two members of her crew (and no law can compel her to carry them), it is hard to see how it is possible to avoid evading the Chinese exclusion law at least in the letter.

The last stated meeting of the section on General Medicine of the College of Physicians of Philadelphia was held on October 11th. The chairman of the section, Dr. J. C. Wilson, related the history of an interesting case of hemorrhagic pachymeningitis, with a large subdural abscess of the right frontal lobe. The patient presented early in the illness the clinical manifestations of enteric fever, but later developed monoplegia, first of the left arm, and then after the lapse of a few days, of the left leg; these signs were well marked for some time before death, which terminated a long illness. The patient's brain, which was demonstrated to the members of the section by Dr. Wilson, showed a collection of

fully six ounces of pus between the dura mater and the arachnoid of the right frontal lobe, together with a pachymeningitis of every grade of intensity; there were no thrombi in either the frontal or lateral sinuses, and the brain substance appeared to be in good condition. No lesions of the intestines were found to account for the early typhoid symptoms. Other *post-mortem* findings showed that the ileum was inflamed, and bound down by adhesions to the pubic bones, and also that the appendix was thickened and dragged from its normal situation by dense adhesions. There was slight local peritonitis in the right iliac fossa.

Dr. Charles W. Burr detailed the histories of two cretinoid cases. These individuals were brothers of the early adolescent period, and presented many typical physical peculiarities common to cretins; the mental development corresponded with that of a young child, and while not absolute idiots, memory of events impressed upon them was of a most transient and fleeting character. Dr. S. M. Hamill presented an interesting communication on "The Condition of Salivary Digestion in Anemia," which dealt with the changes in the quantity of saliva, and with its ferment power in this class of cases. Dr. D. L. Edsall, by invitation, read a paper on "The Gastric Conditions in Anemia," in which he considered the degrees of acidity of the stomach in the various anemias, and the relation of gastric lesions to pernicious anemia.

At a stated meeting of the Pathological Society of Philadelphia, held on October 14th, the following officers were elected for the ensuing year: President, Dr. W. E. Hughes; vice-presidents, Drs. F. A. Packard, C. W. Burr, Alfred Stengel, and John Guiteras; secretary, Dr. David Riesman; recorder, Dr. A. E. Taylor; treasurer, Dr. T. S. Westcott; curator, Dr. J. Dutton Steele.

The annual address was read by the retiring president, Dr. John H. Musser, who was able to report that the Society was in a most flourishing condition, having on its rolls over two hundred active members.

Dr. Richard C. Norris, Physician-in-Chief of the Preston Retreat, is seriously ill as the result of a slight wound which he received while operating upon a septic case. Septicemia of a severe type has set in, and although his attending physicians apprehend no immediate danger, his condition is considered to be serious.

Dr. H. L. Hale and Dr. J. A. Cramp have been appointed assistant-surgeons to Wills' Eye Hospital, to serve respectively in the clinics of Drs. Frank Fisher and J. W. Croskey.

The total number of deaths occurring in this city during the week ending October 16th, was 393, an increase of 48 from the number reported last week, and an increase of 30 compared to the corresponding week of last year. One hundred and sixteen of the total number were in children under five years old. There were 216 new cases of contagious diseases reported—10 more than last week, with 42 deaths from these causes. There were 137 cases of diphtheria, with 31 deaths; 51 cases of scarlet fever, with 4 deaths; and 28 cases of enteric fever, with 7 deaths.

SOCIETY PROCEEDINGS.

THE NEW YORK STATE MEDICAL ASSOCIATION.

Fourteenth Annual Meeting, Held at New York, October 12, 13, and 14, 1897.

FIRST DAY—OCTOBER 12TH.

MORNING SESSION.

THE meeting was called to order by the President, DR. CHARLES PHELPS of New York, who expressed the hope that the labors of the Fourteenth Annual Meeting would prove as interesting, and the scientific work as valuable, as they had in the past.

The Secretary then read the Treasurer's report, which showed a surplus in the hands of the Association amounting to \$6518.46. A communication was read from the American Medical Association asking that the New York State Medical Association contribute \$2000 to the Rush Memorial Fund. A resolution was offered by Dr. Manley of New York County, to the effect that the Association should appropriate \$2000 to the Rush Memorial Fund. After some discussion it was decided that the matter be laid over until Thursday morning when the vote of the Association would be taken.

The President then delivered the Annual Address, entitled

THE CAUSES OF A DECLINE IN THE AVERAGE INCOME OF GENERAL PRACTITIONERS OF MEDICINE.
(SEE PAGE 527.)

DR. SAMUEL W. SMITH of New York County read the first paper, entitled

ACUTE CATARRH OF THE MIDDLE EAR AS A SEQUEL OF LA GRIPPE.

Acute otitis media is a frequent sequel of *la grippe*, as evidenced by deep-seated pain, a profuse purulent discharge from the affected ear, and often perforation of the membrana tympana. As a result of neglect, deafness of greater or less degree occurs in seventy-five per cent. of all cases. If the disease extends into the mastoid, periostitis may appear over the bone and result in abscess, pachymeningitis, embolism, septicemia, and death. Leeches should be applied, and paracentesis early performed. The mastoid should be trephined if an abscess develops.

DR. LEROY J. BROOKS of Chenango County referred to the common occurrence of otitis media after "*grippe*," and said it was his custom to make use of the Politzer bag as soon as the earache appeared. This he used three or four times a day. He then irrigates the ear with a saline solution as hot as can be borne, using a nursing-bottle and tube for this purpose in the case of a child. These methods, when employed early and thoroughly, will prevent many cases from going on to more serious trouble. Paracentesis, which is much dreaded by the general practitioner, is a simple operation, and should be employed if there is any bulging of the drum.

DR. COHN of Erie County said that his attention was first called to this complication of "*grippe*" during the epi-

demic of 1891-92. He uses the Politzer bag, and adds to the water a few drops of chloroform, which has the effect of dilating the Eustachian tube, and affording almost instant relief from pain. Asepsis of the external ear is all important. Paracentesis, if made early and low down, will often prevent rupture of the drum. These cases become worse under the administration of quinin, therefore other antipyretics should be given to reduce the temperature.

DR. DAVIS of New York County agreed with the author that the general practitioner knows but little about ear diseases. He favors the administration of salicylate of soda to bring on profuse perspiration, and to relieve the intense nervous strain. Hot applications should be made to the ear, and a hot gargle ordered for the throat, which is usually involved.

DR. SMITH, in closing, said he did not think any man who had ever used the Politzer bag upon himself, when he had earache, would use it upon a little child, for the most intense pain results. He favored the use of leeches, paracentesis, and trephining.

WHAT SHALL WE DO TO BE SAVED?

was the title of a paper read by DR. T. J. HILLIS of New York County.

It dealt in a novel way with the abuse of medical charity, which, the author said, was not confined to cities alone, but is met with in the country as well, and that, if it were allowed to continue, a medical man not connected with a hospital would be a curiosity. The hospital, with its soup annex, is swamping the practitioner.

AFTERNOON SESSION.

DR. E. D. FERGUSON of Rensselaer County read a paper, entitled

A CURIOUS CONDITION OF THE APPENDIX VERMIFORMIS AS FOUND AT OPERATION.

The author showed two specimens illustrating unique conditions of the vermiform appendix. The first was removed from a man thirty-two years of age. The first attack of appendicitis occurred during March, 1893, and resulted in the formation of an abscess, which ruptured into the bowel. A second, but mild attack occurred during November, 1893, from which he recovered promptly. During December, 1896, he had pain, but was up and about the house until January, 1897, when he was first seen by the author. He then had high fever and pain, and a large mass was made out in the region of the appendix. He was given opium and strychnia, and an ice-bag was applied until the acute symptoms subsided. Operation was performed during February, when the disease was quiescent. It was found that the mass consisted of a portion of the cecum, lower part of the colon, small intestine, and omentum. The appendix at first was not found. While searching for it, a mass about the size of the last phalanx of the thumb was discovered between two coils of the small intestine. This proved to be the distal portion of the appendix which had been severed by gangrene. About two inches distant from the normal site of the appendix was an opening through which

a probe could be passed into the bowel. There was no evidence of pus. The stump was removed and the wound closed without drainage. This amputation of the appendix by gangrene probably occurred during 1893, at the time of the first attack.

The author exhibited a second specimen, showing circular gangrene of the appendix, which occurred in the case of a young man nineteen years of age, seen during the first day of an attack of appendicitis. He had previously had one mild attack of the disease. At the operation few adhesions were encountered, and, aside from hypertrophy of the distal end, the appendix showed little pathologic change. It was amputated close to the bowel, the stump inverted and buried by Lembert sutures. Upon close examination a narrow black line of commencing gangrene was found to completely surround the appendix.

The author expressed the opinion that cases of appendicitis should not be operated upon during a first attack, because between eighty and ninety per cent. will recover without surgical interference. Many of these first attacks are simply a catarrhal inflammation, and will recover under the use of the ice-coil, with scarcely any other treatment. No operation is more overdone than that for appendicitis, and the tendency of the day is to underestimate the risk.

DR. F. H. WIGGIN of New York County did not agree with the author in regard to postponing operation. All cases of appendicitis are surgical cases, although it is not always necessary to operate for a first attack. Mild measures, such as emptying the large bowel by enemata and applying cold to the abdomen, should be employed; but if the symptoms increase within thirty-six hours, the patient should be operated upon without delay. The pulse is a more valuable guide than the temperature. If it is 120 peritonitis of a serious character exists. Each case, however, should be studied by itself, and no general law can be followed. The mortality in these cases is not more than four per cent.

A paper, entitled

THE ABUSE OF MEDICAL CHARITY,

was then read by DR. F. H. WIGGIN. (See page 521.)

DR. WICKES WASHBURN of New York County said that his attention was first directed to this abuse as far back as 1883, when, upon investigation by the Charity Organization Society, a woman who applied at a dispensary for medical aid was found to be the owner of a house. He expressed the opinion that hospital and dispensary abuses can only be reduced by investigation, and that, in order to avoid confusion, this should be done by a central bureau. The speaker said that he was one of the members of the combined committee referred to in Dr. Wiggin's paper as being largely instrumental in passing the bill through both houses of the Legislature. He advised an amendment to the bill to the effect that instances of abuse on the part of charity institutions should be reviewed and passed upon by a judge of the Supreme Court in the district where such an institution is located. In this way, if the question were one of revoking a charter, the matter would not rest entirely with the State Board of Charities and would largely aid in doing away with the objections to the bill.

MR. JOHN HARSON RHOADES of New York attributed the abuse to the great multiplication of medical charities of this character in New York, and also to the ambition of young medical men to attach themselves to institutions already in existence, or to found new ones in connection with church charities, or independently, upon which they hoped to build reputations for themselves, and out of which they, individually, expect to earn a living and establish a practice. The secret willingness of many young practitioners to conceal facts which come to their knowledge, showing a patient's ability to pay, in the hope of securing such a patient for their private practice, is also a contributing cause. The difficulty of determining who are poor and who are able to pay, and the natural repugnance to close inquiry through fear of driving away those who are really entitled to aid—the honest poor who suffer in silence and who possess an honorable pride which prevents a disclosure of their true condition—was mentioned as an obstacle to correcting the abuse. Of still more importance, he considered the absence of a central bureau in the city where all cases and applications for charitable relief—medical or otherwise—may be investigated for the benefit of charitable institutions of all classes, sects, and kinds.

As a remedy he suggested: (1) The careful selection of young physicians for service in medical institutions and hospitals, the application of business principles in the profession, the dismissal or compelled resignation of all men appointed who prove careless, incompetent, or self-seeking—all of which lies with the medical boards. (2) The passage of a law which will compel all charitable institutions of every kind to establish a clearance bureau, which may easily be done in connection with the Charity Organization Society, each sharing in the expense of maintenance in proportion to the number of patients recorded against each. Such a law should compel all institutions to send a weekly list of the patients applying for relief, such names to be filed, tabulated, and investigated by the clearance bureau, and the result forwarded to each institution. When medical boards do their whole duty, without fear or favor, and when the State does its full duty in enforcing an intelligent and comprehensive system of investigation upon the part of all charities, public and private, sectarian and non-sectarian, the evil will be remedied, and not before. That it should be remedied speedily the true welfare of the commonwealth demands, for as it is now, what with loose, ill-guarded, and liberal charity, backed by extravagant pension laws, we are speedily creating a nation of paupers.

DR. J. E. JANVRIN of New York County heartily concurred in the conclusions of Dr. Wiggin. He said that he had had an interview with the Governor a few days before the expiration of the time in which the bill should have been signed, and that the reasons he gave for declining it were, first, that he was opposed to put so much power, especially that of revoking a charter, into the hands of any one board or commissioner, and second, he believed that any one who desired to do so had a perfect right to establish institutions, medical or otherwise, for charity or for the education of young men. The speaker also advocated a fixed salary for all house-physicians.

DR. E. D. FERGUSON of Rensselaer County said that this abuse, which has reached such a magnitude in New York, has not yet reached Troy, but that he is heartily in sympathy with the movement against it. He thought that as now framed there are legal objections to the bill which were the cause of the opposition to it. What is most needed, however, is the cooperation and support of the entire medical profession.

DR. WICKES WASHBURN of New York County said that but one opinion was expressed in Albany last winter, *i.e.*, that medical charity was greatly abused and that this should be remedied. It was insisted, however, that the profession should agree upon what was to be asked of the Legislature. The bill is, and was opposed by the medical schools, which hold out as an inducement the abundance of clinical material in New York City. The cooperation of these medical schools should be obtained.

DR. E. V. DELPHEY of New York County suggested that it should be a matter of ethics, and be considered contrary to the dignity of the medical profession for a man to serve in a dispensary or hospital which permits the abuse of medical charity.

DR. THOS. H. MANLEY of New York County expressed the opinion that the matter cannot be remedied by legal enactment, because the evil lies in the medical profession itself. The profession as a body should promulgate a rule in regard to this abuse, which, if disobeyed, will place the offender in condemnation. He suggested that the New York State Association set out in clear, definite terms, under what conditions a physician may connect himself with a hospital or dispensary service, and see to it that these conditions are properly regarded.

DR. J. R. MCGREGOR of New York County, considered the matter one to be settled by law. It is a question of obtaining something for which no equivalent is given, in other words, imposition, and the legislature should pass a law against this, as it does against other frauds. The speaker referred to the powers which worked against the bill at Albany and hinted that the Governor had not given his real reason for declining to sign it.

DR. JANVRIN then urged that a modified form of the bill be presented early in the next session of the Legislature in order that it may be passed over the Governor's veto, if this proves necessary.

Upon the motion of DR. THOMAS H. MANLEY the following resolution was adopted:

RESOLVED, That this Association is heartily in sympathy with the efforts being made to correct the hospital and dispensary abuse throughout the State, and that a committee of five be appointed by the president to represent the Association and cooperate with similar organizations in efforts to correct the said abuse.

SECOND DAY—OCTOBER 13TH.

MORNING SESSION.

DR. W. S. McLAREN of Litchfield, Conn., read a paper upon

STRICTURE OF THE RECTUM.

The subject was divided into two groups, congenital and acquired. The first variety is rarely seen, the indi-

viduals having this abnormality generally presenting imperforate anus and more or less arrest of development, and are considered as cases of the latter. Acquired stricture was subdivided into non-malignant and malignant. The former is caused by traumatism, dysentery, simple ulceration, tuberculous ulceration, and syphilis. Traumatism by violence is rare, but when it occurs is often due to the application of strong acids. Dysentery is not a common cause of stricture. By far the vast bulk of non-malignant strictures are caused by venereal disease, and they are often met with in the late stage of syphilis. Malignant stricture of the rectum is much more common than non-malignant. Obstruction of the bowel is the principal symptom, followed by a discharge of mucus caused by the irritation due to retention of feces. It is important to make a digital examination of the rectum in all cases of chronic diarrhea or constipation. The treatment is palliative or radical. In the former, measures are directed toward retarding the contraction by the use of bougies, and emptying the bowel by enemata and mild laxatives. In regard to the radical treatment, a difference of opinion exists as to whether the linear incision, as done by Mathews, is better than proctotomy. The latter operation is less dangerous and renders internal hemorrhage impossible, while the linear incision obviates future incontinence. Malignant strictures should be excised if not too extensive.

DR. E. D. FERGUSON considered the paper of great interest in that it described so satisfactorily the management of these cases. He prefers the linear incision, and emphasized the importance of dividing the stricture well down through the muscular coat, for if any fibers remain undivided, the process of contraction will continue. Dilatation with bougies will sometimes effect a cure, but the treatment is protracted and not unattended with danger. In cases in which the stricture is near the anus, immediate and satisfactory results are obtained. In cases where it is possible, the speaker makes an incision similar to that of Miculicz in pyloric stenosis.

DR. DOUGLAS AYERS of Montgomery County read a paper upon

PYOTHORAX IN CHILDREN.

The disease, which is a result of pleuritis, occurs most frequently during the first six years of life, and is rapidly fatal in infants. It is estimated that one-third of all cases of pleuritis in children go on to suppuration. The infection is usually a mixed one, streptococci and staphylococci being found as a rule, and streptococci and tubercle bacilli more rarely. The treatment consists of aspiration, incision, drainage, resection, and irrigation. The time to aspirate is at the time pus is discovered, and good results follow when this is done early. Often the pus is not completely evacuated by aspiration, and these cases should then be incised and drained. When drainage is not perfect, exsection should be performed. Recovery is generally rapid and no nidus is left for future trouble.

DR. FERGUSON remarked that the frequent occurrence of pyothorax in children is due to the great susceptibility of childhood to bronchial pneumonitis, the germs of which pass through the lung and infect the pleural cavity.

DR. JOSEPH D. BRYANT of New York County then read a paper, entitled

SOME UNUSUAL CASES OF APPENDICITIS,

which will appear in a later issue of THE MEDICAL NEWS.

DR. PARKER SYMS of New York County read a paper upon

THE SURGERY OF TUBERCULOSIS OF THE PERITONEUM,

which will also appear in a later issue of THE MEDICAL NEWS.

DR. W. E. SWAN of Saratoga County referred to a number of cases which he had seen at Johns Hopkins Hospital in the medical service of Professor Osler, who claims that many such cases recover without operation. In the same hospital he saw twelve cases which Dr. Kelly had operated upon. This operator claims that only fifty per cent. of those who recover are cured, *i.e.*, have no recurrence for five or six years. The speaker asked what Dr. Syms meant by "cured."

DR. SYMS replied that the term implied relief from symptoms. From a histologic standpoint, it is doubtful if the disease is ever cured. A case is not considered cured until two years have passed without a recurrence of symptoms. In 131 cases an apparent cure resulted in sixty-five per cent., but within two years a relapse occurred in a number, and the percentage of cures was brought down to twenty-one per cent.

DR. ELY VAN DE WARKER of Onondaga County said he had operated upon a case of this kind in 1883, which was reported at the time, and that the patient was still alive and well. Drainage should not be employed unless pus is present, which is rarely the case. The beneficial results obtained from this treatment are due, he thinks, to the thorough flushing of the abdominal cavity.

DR. SYMS, in closing, said he felt convinced that the great credit of effecting a cure in these cases should be given to the simple operation of laparotomy.

AFTERNOON SESSION.

DR. FREDERICK S. DENNIS of New York County read a paper on

TETANUS,

which will appear in a future issue of THE MEDICAL NEWS.

DR. ARTHUR Y. BENNETT of Erie County read a paper upon

MASSAGE AS AN OCCUPATION FOR THE BLIND,

in which he called attention to the large and increasing number of blind persons, most of whom are dependent upon others for their support, and said that the estimated number in this country is 56,000, of which 4398 are in this State. In order that many of these may become self-supporting, he advocates that they be taught massage in the State institutions, being trained in the anatomy and physiology of the body before they learn the practical work. He considers that the peculiar delicacy of touch which the blind possess makes them especially fit for this kind of work.

DR. CHARLES E. LOCKWOOD of New York County read a paper, entitled

A STUDY OF ALCOHOL, TOBACCO, TEA, AND COFFEE, AND THEIR EFFECTS IN NERVOUS DISORDERS.

The author gave the results of an exhaustive study of the subject, and showed among other things that since 1870 the consumption of malt liquors in this country has been on the increase while that of distilled spirits has decreased. The fact was also demonstrated that the nations which consume the most alcohol are those whose criminality is least and whose vitality is greatest, although it must be remembered that this is but one factor in the case. Italy consumes very little alcohol, yet its criminality is appalling; Spain consumes three times less than Italy and its criminality is double that of the latter country. Norway, Sweden, and Denmark, with a population of about one-third, consume four times the quantity of alcohol used in Italy, and yet their criminality is relatively insignificant.

Alcohol was described as a stimulant in moderate doses, a narcotic in toxic quantity, and in a certain sense a food, inasmuch as it is almost entirely taken up by the system, and in that it prevents waste by retarding retrograde metamorphosis. Tobacco is a stimulant and sedative when used in moderation, and a relaxant, depressing and paralyzing when used in excess. The effect varies according to the habit, temperament, age, sex, and general constitutional conditions. It acts especially upon the spinal and sympathetic nerves and in lesser degree upon the cerebrum, cerebellum, and nerves of special sense. In large doses it is a virulent poison and acts principally upon the heart. It is a more powerful agent than alcohol in producing toxic amblyopia. Coffee and tea are nerve-stimulants in physiologic doses and nerve depressants when taken in toxic quantities. They act upon the brain by causing dilatation of its arteries, stimulate the accelerating and vasomotor centers, and also have a restorative action upon the voluntary and involuntary muscles when employed in moderation. Caffein in large doses depresses the respiration and pulse, and is a powerful poison. In immoderate doses, tea has a most injurious effect upon the nervous system.

THIRD DAY—OCTOBER 14TH.

MORNING SESSION.

The officers for the coming year were announced as follows:

President, Dr. Douglas Ayers of Montgomery County; vice-president, second district, Dr. C. E. Fritts of Hudson County; vice-president, third district, Dr. H. W. Carpenter of Oneida County; vice-president, fourth district, Dr. C. C. Fredricks of Erie County; vice-president, fifth district, Dr. N. W. Leighton of Kings County. Members of council: first district, Dr. W. H. Robb of Montgomery County; second district, Dr. E. M. Lyon of Clinton County; third district, Dr. W. L. Ayer of Tioga County; fourth district, Dr. Z. A. Lusk of Wyoming County; fifth district, Dr. J. G. Truax of New York County.

The matter of contributing to the Rush Memorial Fund was then taken up, and it was unanimously voted that

an appropriation of \$2000 be made from the general fund for this purpose.

The Secretary then read the paper of Dr. H. A. HAUBOLD of New York County, entitled

GENERAL CONSIDERATIONS CONCERNING AUTO-IN-TOXICATION.

The author stated that recent investigations in regard to the poisons introduced into the body or spontaneously developed therein as a result of metabolism, make auto-intoxication a subject of considerable importance, and expressed his belief that the science of medicine will ultimately owe as much to physiologic chemistry as it now owes to bacteriology. As a rule auto-intoxication is secondary to infection. There is reason to believe, however, that the products of metabolism are as capable of being a causative factor in diseased conditions as are bacteriologic organisms.

DR. GEORGE TUCKER HARRISON of New York County read a paper on

ASEPSIS AND ANTISEPSIS IN OBSTETRICS, FROM THE STANDPOINT OF PRESENT SCIENTIFIC KNOWLEDGE.

The author reviewed the history of asepsis and antiseptic of the puerpary from the time its importance was first recognized by Semmelweis during 1846, up to the present day. He protested against the too frequent examination and manipulation of the parts before labor, and also said there was no necessity to scrub the vagina previous to, or to administer douches during normal parturition. He emphasized the fact that by so doing the natural mucus secretion of the vagina, which besides lubricating the birth canal possesses germicidal properties, is washed away. He advocated external examination and cleansing of the outside parts only.

The Secretary announced that the President had appointed the following members to act as a committee to represent the New York State Medical Association in the matter of the hospital and dispensary abuse: Drs. Frederick H. Wiggin, S. B. C. McCloud, Parker Syms, A. H. Hubbell, and E. D. Ferguson.

DR. H. D. DIDAMA of Onondago County then read a paper, entitled

NON-ALCOHOLIC TREATMENT OF DISEASE.

The author earnestly protested against the use of alcohol in treating disease, and said that experiments have shown that even when used in small quantities it has a tendency to paralyze the higher brain centers. It is a depressant rather than a stimulant. It is not a food. It retards instead of aiding digestion. Its power to check the natural metabolism of tissues and delay the excretion of effete matter is not beneficial. The substitution of other drugs produces better results.

A paper upon

YELLOW FEVER

was read by DR. A. M. FERNANDEZ DE YBARRA of New York County, in which he emphasized the importance of allowing these patients liquid food only, even during convalescence. No stimulants should be admin-

istered with the exception of a little iced champagne occasionally.

The retiring President then introduced the newly elected President, DR. DOUGLAS AYERS, who thanked the members for the unexpected honor which they had conferred upon him, and said that he would do all in his power to make the next meeting of the Association a successful and profitable one, and asked the cooperation of all in urging a larger attendance at the annual meetings. The session was then declared adjourned.

MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

Twenty-third Annual Meeting, Held at Louisville, Ky., October 5, 6, 7, and 8, 1897.

DR. L. HARRISON METTLER of Chicago read a paper, entitled

NEUROSES OF GOUT,

in which he stated that the presence of uric acid in the system is not the cause of the neurotic manifestations in patients of gouty diathesis. The followers of Haig's chemic theory believe that they are caused by the presence of uric acid in the blood; that the acid affects the vasomotor system and so alters local nutrition. Others are of the opinion that the neuroses as well as the special symptoms of gout are but an expression of a purely neurotic diathesis—neurotic theory. Still others, with whom the speaker agrees, adopt the view that a nervous constitution, acquired or inherited, is the essential cause, the background as it were, of true gout and its manifestations. These latter may be aggravated or made to assume variable appearances by the associated auto-intoxication, which is but a product of faulty metabolism produced by the original altered innervation, *vis.*, that such gouty manifestations are the result of a trophoneurosis. He stated, further, that the altered innervation deranges the metabolic functions of the tissues, and as a result certain toxic excrementitious substances are over-produced or uneliminated, and finally these, reacting upon an unstable nervous apparatus, produce the various neuroses.

He maintained that the excrementitious products as revealed by the alloxmic substances in the urine consist of the combined uric-acid and xanthin bases. In gout the uric acid is frequently diminished in amount, but the increase of the xanthins explains the total increase of the alloxmic bodies. With Kalisch and some other investigators, he believes that it is the retention of the xanthins which causes the symptoms of gout. On the other hand, uric acid—which, as is now known, occurs only in the kidneys and when found in the blood has been reabsorbed—enters into combination in the blood to produce the urate of soda, which, for some unexplained reason, is deposited in the joints.

The symptoms of lithemia and of certain forms of neurasthenia, he believes, are also due to the retention of xanthins, as these diseases have many features in common with gout, chief of which is auto-infection. The uric-acid is significant in but one of these, *vis.*, gout, in

which it assists in the production of arthritic deposits. Such deposits can hardly be said to be the essential feature of gout, as they are very like certain deposits occurring in cerebrospinal meningitis, tabes, and other organic nervous diseases. The retained toxins, especially the xanthin group, are responsible for the symptom-complex characteristic of gout, lithemia, and neurasthenia.

Among the neuroses observed by the speaker are cephalalgia, epilepsy, chorea, convulsions, vertigo, pain—including neuralgia and psychic pain—hysteria, exophthalmic goiter, asthma, nervous dyspepsia, diabetes, multiple neuritis, facial paralysis, cerebral apoplexy, and aphasia. It will be seen that the speaker agrees with Haig and Munchison in assigning lithemia as the cause of many neuroses, but that he differs from them in giving the credit to an auto-intoxication of which uric acid is of less etiologic importance than the xanthin bases.

DR. J. M. BALL of St. Louis read a paper, entitled

REPORT OF SOME CASES OF OPHTHALMIC SURGERY.

The author gave an account of several cases of injury to the eye in which the proper surgical treatment proved satisfactory. One case of interest was a pseudoglioma, in which enucleation was performed. Another was the case of a man sixty years of age who had received 60 grains of quinin within twelve hours, and in whom the next morning there was total blindness. A diagnosis of quinin amaurosis was made.

THE REMOVAL OF ADENOIDS FROM THE VAULT OF THE PHARYNX

was the title of a paper by DR. L. C. KLINE of Indianapolis, in which he stated that there is great diversity of opinion regarding the use of anesthetics in the removal of adenoids. The majority of patients may be operated upon with equally good results by the use of cocaine. The author prefers the gradual operation to that made at one sitting, for the reason that there is less danger of subsequent hemorrhage and otitis. A forceps which the author uses was exhibited. When an anesthetic is employed a mouth-gag is necessary. In tuberculous cases the application of ichthyol is very beneficial. Various astringents may be employed with advantage, but surgery is the only sure means of affording relief.

DR. J. HOMER COULTER of Chicago followed with a paper, entitled

SURGERY OF THE AIR-PASSAGES IN CHILDREN.

He considered the subject one of great importance because of the high percentage of deaths from diseases of the air-passages during childhood, and because reflexes in childhood are more prominent and frequent than in adults. The parents of to-day should be taught that, with our modern methods, technic, and usually favorable prognosis, surgery in children is not the nightmare it formerly was. There is no longer any question of the bad effect of nasal obstruction upon adjacent organs. Any of the causes of nasal obstruction in children tend to septum deflection in adult life, and if for no other reason the physician is bound to give them all possible relief. Catarrhal deafness is almost always due to nasal obstruction.

tion. The entire field of pathologic conditions of the nose does not lie in the post-nasal space, nor is there any good reason why occlusion of the anterior chambers of the nose should not produce as many reflexes as does hypertrophy of Luschka's tonsil.

TREATMENT OF WOUNDS BY THE OPEN METHOD.

A paper upon this subject was read by DR. J. B. TAULBEE of Mount Sterling, Ky. Our present methods of treating amputations are different from those of a quarter of a century ago. A routine method is never a good one; hence each individual case is a law unto itself, both as regards irrigation and the kind of drainage, and whether or not temporary drainage should be instituted.

DR. F. F. LAWRENCE of Columbus, Ohio, read a paper, entitled

HYSTERECTOMY.

In what cases is hysterectomy justifiable? We must consider (1) how many patients would have died without this radical operation; (2) how many would have been hopeless invalids without it; (3) how many could have been cured by other means, and (4) the remote conditions or reflex results in those upon whom the operation has been performed. Hysterectomy is usually undertaken for cancer, pyosalpinx, fibromata, myomata, tuberculosis, and prolapsus. Hysterectomy for cancer is of doubtful utility, but when necessary should be done by the abdominal route. In pus-tubes the operation should be limited to those in which the walls of the uterus are involved in the diseased process. Simple adhesions are not sufficient reason for the performance of this operation. Small fibroids involving only the lower segment of the uterus should be treated tentatively. If the small fibroids are in the body of the uterus, they should be treated either by means of curetting, removal of the tubes and ovaries, or by hysterectomy, as the case demands. If the fibroids are small and occur about the time of the menopause, curettage, with electricity, is sufficient. For large fibroids growing after the menopause, hysterectomy is the only thing to be considered. In myomata or tuberculosis, this operation likewise affords the only prospect of relief. By removing the ovaries and tubes all of the diseased tissue is not taken away. Any method of operating should be judged by its safety from complications, the preservation of a firm pelvic floor, facility of operating, and the general results to both patient and operator.

DR. HENRY P. NEWMAN of Chicago read a paper, entitled

PELVIC DISEASE WITHOUT LOCAL SYMPTOMS,

in which he said that pelvic disease of an aggravated type is often present without noticeable local symptoms; that reflex symptoms begin in mere functional disturbances, and might become so serious as to endanger the life and health of the patient, and finally give rise to misdirected treatment, which does not recognize the existence of the real disease. It is necessary to understand the relative importance of pelvic irritation of certain obstinate and severe affections of more distant organs. This is very essential to a correct diagnosis in many

cases. Failure to exclude pelvic disease in the same manner as we exclude diseases of other important organs is unscientific and reprehensible.

DR. BAYARD HOLMES of Chicago contributed a paper, entitled

THE DIAGNOSIS OF SURGICAL DISEASES OF THE KIDNEYS, BLADDER, AND PROSTATE.

In his paper the author called attention to some methods of diagnosis of special value, and related at length his experience in their application, demonstrating by means of the Kasper cystoscope his method of catheterizing the ureters. He further demonstrated that the kidney could be exactly localized by auscultatory percussion.

DIAGNOSIS BY INSPECTION OF THE URINARY TRACT

was the title of a paper presented by DR. JOSEPH R. EASTMAN of Indianapolis. The use of the cystoscope is particularly important in the male. Its value in diagnosing vesical calculi, foreign bodies, neoplasms, and pathologic conditions resulting from gonorrhea, locating fragments after litholopaxy, etc., is positively determined. In the female its range of usefulness is still wider and its application more simple. The author clearly described and demonstrated the difficulties and technic of catheterization of the ureters.

In the discussion which followed DR. CORDIER said he had recently made some experiments with the X-rays in bladder work. He had, by placing a small photographic plate in the vagina and the rays above the abdomen, secured very excellent photographs. In the male the plate could be placed in the rectum and similar results obtained. Foreign bodies or calculi could be positively detected.

DR. LEON STRAUS of St. Louis read a paper upon

PRIMARY TUBERCULOSIS OF THE RECTUM, WITH REPORT OF CASES.

Tuberculosis of the rectum is a surgical disease. A thorough microscopic examination must be made in every case of suspected ulceration. The author reported four cases of removal of the ulcerated rectal tissue, and described his operation. Recovery followed in all but one of the cases. His conclusions are: (1) Primary tuberculosis of the rectum is not so infrequent as is generally supposed; (2) it is always surgical; (3) it cannot be diagnosed positively and invariably by the usual clinical symptoms, and (4) the microscope must be employed in order that a correct diagnosis may be made; (5) such cases can only be cured by thorough curettage or excision, or both; (6) some of the most hopeless cases are cured by repeated operations.

DISEASES OF THE RECTUM AND SIGMOID AS A FACTOR IN GENERAL DISTURBANCE

was the title of a paper presented by DR. J. R. PENNINGTON of Chicago. Various authorities are agreed that the *materies morbi* of a large number of somatic, mental, and nervous diseases have their origin somewhere in the gastro-intestinal tract. The importance of the rectum and sigmoid in many auto-intoxications is

entirely overlooked, and in consequence the primal defect is not located.

The next contribution, entitled

TREATMENT OF HERNIA IN OLD MEN,

was read by DR. A. J. OCHSNER of Chicago. It is a well-known fact that herniæ in men become more troublesome after the age of fifty. According to some authorities this fact is due to relaxation of the tissues, a tendency to obesity, and lowered vitality in general, but the author is convinced that the most important cause lies in the pressure exerted in evacuating the bladder and rectum, or the presence of an enlarged prostate. He described his operation for the radical cure of hernia in connection with castration for enlarged prostate. In cases in which there is simply hypertrophy of the prostate, the gland subsequently decreased in size very rapidly, affording much relief. If the surgeon has perfect control of his methods, securing perfect asepsis, the operation is absolutely safe. It relieves the patient of much discomfort, and every argument in favor of operation for the radical cure of hernia is applicable to the operation for resection of the spermatic cord for the relief of symptoms due to enlargement of the prostate gland. It is as yet too early to determine positively whether or not the favorable results obtained by the author in his cases would be permanent, but he had every reason to believe that such would prove to be the case.

DR. ROBERT T. MORRIS of New York read a paper upon

POST-OPERATIVE HERNIA IN CASES OF APPENDICITIS.

Operators are now using a much smaller incision than formerly, in order to avoid the subsequent occurrence of hernia. A pad over the seat of operation induces hernia by causing absorption of the new connective tissue as it is formed. The fibers of each muscle should be separated with the greatest care, and the same care is necessary in dividing the peritoneum. In closing the wound, each different layer of muscular tissue, as well the peritoneum and fascia, should be united with the same tissue from which it was separated in the beginning, so that the lines of muscular traction will not be disturbed, and then hernia is not so likely to result. The patient should be kept in bed for at least twenty-one days following the operation.

DR. JOHN YOUNG BROWN of St. Louis read a paper, entitled

SOME REMARKS ON APPENDICITIS,

in which he said conservatism had given place to knowledge in the treatment of this disease. The knowledge is now sufficiently comprehensive and accurate to afford a satisfactory working basis.

In the discussion which followed DR. MORRIS said that making a date to operate upon a case of appendicitis is certainly undesirable. The surgeon could not always wait until the third day. Rigor meant that toxins were entering the circulation and producing an impression upon the sympathetic system.

TUBERCULIN IN DERMATOLOGY

was the title of a paper read by DR. A. RAVOGLI of Cin-

cinnati, in which the author drew the following conclusions: (1) Tuberculin is a valuable aid in dermatology, both as a diagnostic and therapeutic agent. (2) In lupus it acts remarkably well as a systemic treatment, particularly in conjunction with other means for the purpose of reducing infiltrations. (3) After a large number of injections he has never observed any bad effects. (4) Old tuberculin had given more marked reaction, both general and local, than the new. (5) In cases over which no remedy had an influence, tuberculin promptly caused a disappearance of the eruption, healing of the ulcerations, and a general improvement in the condition. (6) If relapses occur after discontinuing the use of tuberculin the remedy should not be blamed. (7) To insure recovery, tuberculin must be used in small doses, administered at short intervals, and employed for a considerable time.

DR. B. SHERWOOD DUNN of Los Angeles, Cal., read a paper, entitled

MOTHERS AND DAUGHTERS,

in which he stated that higher education, according to many authorities, is detrimental to motherhood. He pointed out some of the fundamental errors in modern education and the training of girls, showing that, although upon the care of our children depends their lives and moral welfare, yet in our modern system of education not a word of instruction relative to the treatment of offspring is ever given to those who would become parents. He considered at length the necessity of the more careful physical training of girls. Labor, exercise, and food are important elements in training, and above all, they should have a proper knowledge of the physiologic functions peculiar to their sex.

FURTHER OBSERVATIONS IN THE USE OF HYDROGEN DIOXID IN THE TREATMENT OF BLEPHARITIS MARGINALIS

was the title of a paper presented by DR. S. C. AYERS of Cincinnati. This disease, unchecked, produces gradual destruction and atrophy of the hair-bulbs from chronic ulceration. Mercurial ointments have long been used and are well adapted to some cases, but irritating to others. An alkaline wash is very beneficial for softening the crusts; but in hydrogen dioxid the author thinks we have a remedy which both softens and dissolves. After using this drug, applied by means of a probe or scoop, the crusts may be easily removed.

DR. H. W. WHITTAKER of Columbus, Ohio, read a paper upon

CHRONICALLY DISEASED TONSILS.

Seriously diseased tonsils are frequently underestimated in importance and left untreated, when they undoubtedly are very injurious to the general health. Hypertrophy of the tonsil is found in childhood; hyperplasia in the adult. The causes which induce chronic tonsillitis may be predisposing or exciting. Among the former, the most important is heredity, and among the latter diphtheria, and the exanthemata are the usual causal agents. The author gave a comprehensive description of the symptoms usually present. Prognosis is good, providing excision

is properly performed. The voice is vastly improved both in tone and quality after excision of the tonsils, and no deleterious effects ensue.

DR. J. F. BARNHILL of Indianapolis presented a paper, entitled

HYPERTROPHIED FAUCIAL TONSILS.

The system suffers little or nothing from ablation of the normal glands. The author's classification is: (1) Those in which the patient claims never to have suffered inconvenience from the tonsils; (2) those in which quinsy or tonsillitis occurs one or more times a year; (3) a small, flat, yet pathologic gland. In all cases the diseased crypts should be cleansed. Pathologic tonsils frequently are a cause of reflex neuroses. Various methods of treatment were considered, and the merits of each pointed out.

DR. FRANK P. NORBURY of Jacksonville, Ill., read a paper upon

INSANITY OF ADOLESCENCE,

in which he drew the following conclusions: (1) Adolescent insanity is a pure psychosis, dependent upon hereditary factors and acquired conditions, which especially inhibit the higher psychic centers and later the sensory motor functions of the cortex. (2) That the vasomotor and trophic centers are involved. (3) That the sympathetic nervous function is disturbed, which, in females, is apt to eventually result in suppressed menstruation, or even sexual excitation, producing nymphomania. (4) Masturbation is a complication which, in the male, is apt to cause reflexes.

THE TREATMENT OF CEREBROSPINAL SYPHILIS

was the title of a paper read by DR. A. E. STERNE of Indianapolis. In the treatment of syphilis of the brain and cord ordinary therapy is wholly inadequate, if not entirely wrong. The dose of the iodids is too small; the potash salt is inferior to the sodium salt, particularly when large doses are employed. The syphilitic lesions of the brain and cord may involve the meninges, the brain and cord tissues with gummy formation, the bony parts, and the blood-vessels. The author drew attention to three important points in diagnosis and therapy: (1) In producing reflexes with the percussion-hammer there occurs a second prolonged contraction across the muscle at the point of the blow; (2) the iridic reflex to light is sometimes difficult to determine, and is not always present; (3) when capillary pulsation occurs it indicates high arterial tension, and serves as a guide in the use of heart-stimulants.

THE MOTOR NEURON IN PRACTICAL DIAGNOSIS

was the title of a paper read by DR. HUGH T. PATRICK of Chicago. The author made a concise statement of the more practical relations of the neurons of the motor tract. A neuron, as he explained, is simply a nerve unit, and the motor-tract is entirely composed of two distinct sets or neurons, an upper and lower. A lesion of either causes paralysis, but the customary accompanying symptoms are radically different in the two groups. The *rationalé* of these differences was briefly indicated, and it was explained that in a lesion of the upper neurons

the paralysis is spastic, accompanied by increased deep reflexes, absence of atrophy, and change in electric reactions. On the other hand, in a lesion of the lower neurons, the accompanying and distinctive signs are flaccidity, loss of deep reflexes, the occurrence of atrophy, and the reaction of degeneration. It was further stated that it does not make any difference which part of the neuron is affected, the result in all respects being exactly the same.

DR. ZENNER of Cincinnati read a paper upon

TOBACCO NEUROSES.

In very many instances tobacco is only one of the many causes of an existing malady. Among the other factors often conjoined with it which make a correct diagnosis more difficult are alcohol, coffee, mental-strain, worry, etc. Syphilis often plays an important part. The neuroses traced to tobacco are functional diseases of the heart, amblyopia, tremor, vertigo, neurasthenia, some forms of neuralgia, rarely angina, and the lesser nervous disturbances, epilepsy, various psychoses, and even paresis has been attributed to it, although it seems without sufficient reason. The treatment is abstinence. The mere lessening of the amount usually fails altogether. Frequently, abstinence of a year or more permits a return to the use of tobacco in moderation without resulting harm.

A very instructive and exhaustive paper was read by DR. HOMER M. THOMAS of Chicago, entitled

EXPERIMENTAL WORK ON THE PENETRABILITY OF VAPORIZED MEDICAMENTS IN THE AIR-PASSAGES.

Do vapors enter the alveoli of the lungs? All observers have questioned such a possibility. The greatest difficulty has been in the instruments for vaporization, in that they have failed to break an oil into sufficiently fine particles. The author related in detail the results of his experiments, which had been made mostly upon animals during the past two years, and gave his reasons for believing that under proper conditions the medicament will enter the healthy lung, even to the alveoli. A variety of microscopic slides were exhibited, taken from the lung of a patient by whom inhalation had been practised shortly before death, and which plainly showed the oil-globules in the alveoli.

EPISTAXIS IN THE MOST SERIOUS FORM, WITH REPORT OF A CASE NECESSITATING LIGATION OF THE COMMON CAROTID

was the title of a paper presented by DR. MAX THORMER of Cincinnati. The author considered serious only those cases in which the ordinary styptics fail to check the hemorrhage. He referred to four instances in which the radical operation of tying one or both carotids was practised, two of which proved fatal. The paper closed with a reference to his own case, which was that of a man struck with an iron ring across the bridge of the nose and right side of the face. Unconsciousness and profuse bleeding from the nose followed. The patient was removed at once to the hospital and the nose plugged. During the next eighteen days the nose was tamponed repeatedly, both anteriorly and posteriorly, but each time after the removal of the packing the hemorrhage started afresh within a short time.

The patient, becoming almost exsanguinated, with high pulse and temperature, an operation was decided upon. The common carotid was ligated. The hemorrhages did not recur, and the patient was discharged one month after the operation.

DR. WILLIAM E. WIRT of Cleveland contributed a paper upon

THE TREATMENT OF SCOLIOSIS,

in which he referred to the use of dry heat at a high temperature for the treatment of this condition. He recalled the fact that he had originated this treatment three years ago, and had been experimenting extensively along this line ever since. He explained in detail the apparatus used to enclose the heat about the joint, and by reference to several well-authenticated cases, showed the certain value of dry heat in the therapeutics of scoliosis.

DR. A. H. CORDIER of Kansas City, Mo., read a paper, entitled

SOME PHASES OF EXTRA-UTERINE PREGNANCY.

This condition is not recognized and diagnosed as it should be by the general practitioner. The application of common sense and good judgment is the best guide in bringing about a successful termination of ruptured tubal pregnancy. If a blood-vessel is injured and bleeding, it should be tied. The diagnosis is usually not very difficult. A very important point is the menstrual history, which should be thoroughly investigated. A tube having once ruptured will continue to give trouble. The dangers of the condition far outweigh the dangers of good surgery. Operation should be performed at the earliest possible moment. No case is devoid of danger until the bleeding vessel is firmly tied.

THE TREATMENT OF SUPPURATING FISTULOUS TRACTS.

This paper was read by DR. E. J. SENN of Chicago. The primary dressing should not be disturbed for four or five days, when, if necessary, it is removed and repeated. Nitrate of silver or other caustics should not be used, as the granulations are only superficially destroyed, leaving a necrotic area. If the granulations are persistently sluggish, the wound should occasionally be packed with gauze, saturated with balsam of Peru, as this agent stimulates the regenerative capacity of embryonal cells without impairing the vitality of the surrounding tissues. In the author's hands, most obstinate fistulæ have yielded under the treatment suggested, where previous antiseptic irrigation proved of no value.

Amendments to the Constitution, enlarging the duties of the secretary and providing a salary for his services, were adopted. Action was taken with regard to the permanent preservation of the "Transactions of the Association."

A resolution rescinding action previously taken relative to the reported quarantining of Louisville by the State of Indiana, was unanimously passed.

The following officers were elected: President, Dr. John Young Brown of St. Louis; vice-presidents, Drs. A. J. Ochsner of Chicago, and A. P. Buchman of Fort

Wayne; secretary, Dr. Henry E. Tuley of Louisville, Ky.; treasurer, Dr. Charles A. Wheaton of St. Paul. The next meeting of the Association will be held at Nashville, Tenn., the second Tuesday in November, 1898.

THERAPEUTIC HINTS.

For Gastric Ulcer.—

℞ Codeini phosph.	} aa	gr. v
Ext. belladonnæ		
Bismuthi carb.		
Lactose		
		gr. i
		3 i.

M. Ft. chart. No. xv. Sig. Take two or three powders daily.—*Leube*.

For Lumbago.—

℞ Potassii iodidi	3 ss
Tinct. opii deodoratæ	3 ii
Spts. lavandulæ comp.	3 i
Spts. ætheris nitrosi	ss
Aquæ destillatæ	3 xii.

M. Sig. Take two tablespoonfuls twice daily.—*Brodie*.

For Acute Mania, with Motor Excitement.—

℞ Ext. gelsemii fld.	3 iii
Syrupi acidi citrici	3 ii
Aquæ destillatæ	3 xi.

M. Sig. A teaspoonful to be taken every two hours until physiologic effects are produced.—*Bartholow*.

For Melancholia.—

℞ Zinci valerianatis	} aa	3 ss.
Ferri valerianatis		
Quininæ valerianatis		

M. Ft. massa et in pil. No. xxx div. Sig. One pill to be taken three times daily.—*Wilson*.

For Sciatica.—

℞ Tinct. cannabis indicæ	3 vi
Syr. acaciæ	3 iss
Aquæ destillatæ,	q. s. ad. 3 vi.

M. Sig. A tablespoonful to be taken every four to six hours.—*Neligan*.

For the Removal of Superfluous Hair the following is recommended:

℞ Tr. iodi	3 parts
Ol. terebinth.	6 parts
Ol. ricini	8 parts
Spiritus	48 parts
Collodii	100 parts.

M. Sig. The affected part is to be painted with this mixture once daily for three or four successive days.

When the collodion scab is removed the hairs will be found imbedded in its lower surface.—*Putte*.

For Hypertrophy of the Tonsils.—

℞ Iodi pur.	gr. i
Potassii iod.	gr. ii
Tr. opii	gr. xx
Glycerini	3 iv.

M. Sig. With this mixture the tonsils are to be painted morning and evening; it should also be used as a gargle, diluted in the proportion of one-half a teaspoonful to a glass of warm water.—*Moure*.